The Global Fund: Improving the Quality and Efficiency of HIV Program Implementation

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<table>
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<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>1 The Global Fund: Now</td>
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<td>2 Next Funding Cycle</td>
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<td>5 Opportunities</td>
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</table>
The World Stepped up.

Merci.

- US$14.02 Billion pledged to Step Up the Fight against the Epidemics
- Helps save 16 million lives & end AIDS, TB and malaria by 2030
- Yield a return on investment of 1:19, contributing to overall SDG agenda
- Catalytic funding to stimulate more innovation, collaboration and execution
- 2002-2018: The Global Fund invested US$ 19.6 Billion to prevent & treat HIV/AIDS; 20% of all international funding
The CQUIN Project 3rd Annual Meeting | November 10-14, 2019

Global Fund is investing in HIV/AIDS in > **100 countries** globally in the current allocation cycle (2017 – 2019)

**Total GF HIV investment (2017-2019)**

> **US$ 5.2 Billion**

**Allocation amount = US$ 5.1 B**

Catalytic investment = **US$ 200 M**

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**GF ALLOCATION BY REGION (HIV): 2017-2019**

- AELAC-SEA: 39%
- MENA: 16%
- EECA: 14%
- LAC: 11%
- WA: 5%
- CA: 5%
- HIAs: 4%

Global Fund accounts for **8%** of global HIV funding and **20%** of international financing

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**Top 10 HIV grant allocations: 2017-2019**

- Tanzania: 408
- Zimbabwe: 407
- Malawi: 371
- South Africa: 318
- Mozambique: 290
- Uganda: 256
- Kenya: 247
- Nigeria: 240
- Ethiopia: 184
- Zambia: 184

The top 10 countries with HIV grant allocations account for **57%** of GF investment in HIV & **67%** of the estimated global HIV burden (UNAIDS data 2017)
WCA+HIA1+HIA2+SEAF+MENA: PLHIV that know their status vs PLHIV on ART

*Please note that for Chad first 90, country data have been used in order to include the country in this analysis.
Leveraging Efficiency Throughout the Global Fund Grant Cycle

**Ongoing dialogue between country and Global Fund**

1. **GF needs assessment**
   - Allocated & technical efficiency
   - Inform resource needs of the Global Fund to fight the three diseases

2. **Allocation / target setting**
   - Allocated efficiency
   - Inform resource allocation across diseases and countries
     - Inform target setting given allocation across diseases and regions

3. **National strategic plan**
   - Allocated, technical and system-wide efficiency
   - Support regional and country level priority setting and strategic planning
     - Support ‘disease split’ discussions
     - Support (single) Funding Request development, improving efficiency by integrating planning across disease areas, addressing system-wide inefficiencies
     - Support intervention prioritization based on cost-effectiveness analysis of investment scenarios, incorporating feasibility and equity whenever possible
     - Support payment for results design of the funding request

4. **Funding request**
   - Allocated, technical and system-wide
   - Support grant negotiation for better value for money
     - Provide unit cost benchmarks
     - Provide modelling support to inform performance framework discussions
     - Provide support to design results-based financing during grant making

5. **Grant-making**
   - Technical and system-wide efficiency
   - Enable minimum inputs and successful grant implementation
     - Achieve cost savings through pooled procurement
     - Support design, implementation, monitoring and evaluation of differentiated service delivery approaches
     - Review grant performance linking expenditure to outputs, outcomes and impact
     - Support grant reprogramming

6. **Approval**
7. **Grant implementation (3 years)**

Guidance Note on Assessing Value for money of Global Fund Requests for Funding, 2019
Key Investment Principles

1. Allocative efficiency
   - Optimizing the distribution of resources to achieve the maximum health impact

2. Implementation quality & efficiency
   - Delivering interventions that are of high quality, including through differentiated service delivery

3. Resilient & sustainable systems for health
   - Accelerating progress towards UHC through integrated, people-centered health services for HIV

4. Equity & removing human rights barriers
   - Reaching underserved populations and responding to human rights and gender-related barriers

5. Sustainability
   - Maintaining and scaling up service delivery by addressing key sustainability factors
Prioritized HIV Interventions for 2020-2022 Funding Cycle

1. HIV prevention programs addressing KPs in all epidemic settings, and AGYW and adolescent boys and men in high prevalence settings
   - Comprehensive condom programming
   - PrEP programs for populations with substantial HIV risk

2. HIV testing services strategy that uses up-to-date and regularly reviewed data
   - A strategic mix of differentiated approaches, including self-testing, that improve testing coverage, testing yield and efficiency of HIV testing services
   - Interventions that ensure people across all age, sex and risk categories are linked to the services they need depending on their test results

3. Scaled-up DSD models that offer a mix of interventions at both facility and community levels
   - Rapid initiation for all people diagnosed with HIV and strong mechanisms to retain people across the cascade
   - Introduction at scale of optimal ARV regimens in line with WHO recommendations
   - Advanced HIV disease pathways
   - Optimized VL testing at scale as preferred treatment monitoring.
   - Monitoring of drug resistance through WHO-recommended surveys
   - TB preventive treatment (TPT) at scale in countries with high burden of TB/HIV

4. Routine review of data tracking people along the HIV prevention, testing and treatment cascade
   - HIV case surveillance

5. UNAIDS-endorsed key human rights components, scaled up and integrated into prevention and treatment programs

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### Module: Differentiated HIV Testing Services

**Population**: Non-specified population groups  
**Intervention**: Self-testing

**Scope and description of intervention package**
- HIV testing and results interpretation performed using HIV self-test by individuals who want to know their HIV status using self-test kits distributed through facility and community settings, social networks, partners, private sector (pharmacies, online, vending machines) and workplace. For example:
  - Procurement and distribution of self-test kits;
  - Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result;
  - Linkage to HIV treatment and care/ART for people who are found to be HIV positive;
  - Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.

### Module: Treatment, care and support

**Population**: All people living with HIV  
**Intervention**: Differentiated ART service delivery and HIV care

**Scope and description of intervention package**
- Activities related to designing, developing, implementing facility and community-based differentiated ART service delivery models for out- or in-patient services. It includes activities that differentiate ART delivery to address needs of specific populations like adults, children, adolescents, and key populations. For example:
  - Multi-month scripting, extended ART clinic hours, community ART distribution, drop-in-centers;
  - Training, development of guidelines, policies and strategies;
  - Designing, developing and implementing a comprehensive treatment retention and adherence strategy both at the programmatic/facility level and at the community level;
  - Development of tools such as treatment literacy and preparedness, reminders, alert and response to loss to follow up;
  - Procurement of optimized and standardized antiretrovirals (first, second and third line) and opportunistic infections drugs;
  - Prevention, diagnosis and treatment of opportunistic infections;
  - Baseline clinical assessment, of people starting or recommencing ART that is not part of strengthening and expansion of viral load monitoring or HIV drug resistance surveillance;
  - Designing, developing and implementing a comprehensive package as part of differentiated service delivery approaches to address advanced disease including CD4 monitoring;
  - In exceptional cases, Pre-ART HIV care, between the time of diagnosis and soonest enrolment of PLHIV into ART;
  - Therapeutic feeding to clinically malnourished PLHIV;
  - Designing, developing and implementing quality improvement approaches to ART service delivery;
  - Performing cost efficiency analysis of differentiated ART service delivery models.
Prioritization, quality & innovation across the cascade in West & Central Africa

The Global Fund investment approach to HIV programming in West and Central Africa, July 2019
**Catalytic Funding Scenarios**

Board approved Catalytic Investments for 2020-2022 allocation cycle (amounts in millions)*

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<th>Catalytic Investment</th>
<th>Modality</th>
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</tbody>
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Elements of Sustainability

Governance
Ensuring continued engagement of people affected by HIV and KPs in decision-making processes related to HIV

Programmatic
• Program Quality
• Differentiated Service Delivery (DSD)
• Integration of services into primary care

Financial
• Domestic financing for interventions, for key populations and for treatment scale-up, strengthening efficiency to decrease long term costs

Human Rights
• Addressing barriers to access to services
• Employing effective interventions to reduce stigma and discrimination

Political
Efforts to strengthen political will to increase overall sustainability of national disease responses

Systems-Related
• Ensuring that formal health systems work effectively with CSOs,
• Ensuring that health reforms (including those related to social health insurance) strengthen access and financial protection for PLHIV
• Improve data systems and sustainable access to and use of data
• All countries to consider elements of sustainability in funding requests, grant and program design

• Principles to consider:
  • Country-owned & led
  • Plan for sustainability from start
  • Bottom-up led, top-down supported
  • Ways to develop integrated platforms
  • Continuous improvement process

• Greater consideration of sustainability can:
  • Strengthen health systems
  • Support HIV outcomes
  • Increase long-term domestic financing (NSPs)
  • Strengthen overall efficiency of service delivery
  • Gradual and effective transition
What does this mean for countries?

• **Costed** DSD implementation plans need to be ready for submission within GF grant applications (check your country submission date)

• Funding proposals and implementation plans need to include:
  • Scale up plans for differentiated ART delivery models to achieve coverage and impact

• Funding can be requested for:
  • Activities that will support differentiated ART delivery model implementation scale up including especially procurement and management supply systems and specific data improvement needs
  • Community-based organisations setting up and running community-based ART delivery models (CSS is within RSSH so don’t miss it)
Thank you. Merci.
• Together with partners, the Global Fund could:
  • Reduce (from 2017 to 2023):
    • New HIV infections by 61%, from 1.5M to 565,000
    • AIDS-related deaths by 52%, from 866,000 to 413,000
    • Incidence and mortality rates by 64% and 56% respectively
    • HIV incidence among AGYW in 13 priority countries by 72%
  • Provide ARV therapy to 27M people in 2023