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NEWSLETTER

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BY DAVID GARMAISE

In August, the Global Fund Board approved three new country grants: Colombia HIV, Honduras HIV and Kazakhstan TB. The Board also approved two multi-country grants and eight sets of interventions from the Register of Unfunded Quality Demand.

BY DAVID GARMAISE

The Technical Review Panel has completed its reviews of all funding requests for the 2017-2019 allocation period, recommending 100% of total allocation funds ($10.3 billion), catalytic matching funds ($313 million), and catalytic multicountry funds ($260 million), with the Board having approved almost all of these recommendations. Nearly the entire $20 million set aside for emergency funding has also been awarded.

3. NEWS: Venezuela will be eligible for an allocation from the Global Fund for malaria, for 2020-2022

BY DAVID GARMAISE

The Global Fund Board has decided to make Venezuela eligible for an allocation for malaria for the 2020-2022 allocation period, invoking a clause in the Fund's eligibility policy enabling such a decision for countries not normally eligible for Global Fund support, in the event of malaria resurgence. The estimated number of malaria cases in Venezuela has increased almost tenfold since 2010, and accounts for more than half of all malaria cases in Latin America.

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BY THIERRY RAMOS

Strong political will in Rwanda has led the country to be one step ahead of the Global Fund's strategy on resilient and sustainable systems for health, by integrating funding for the response to the three pandemics in order to strengthen its health system. A literature review shows that such integration has made a considerable contribution to positive dynamics in the Rwandan system over the last 20 years and has had a catalytic effect on responding to pandemics.

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BY ADÈLE SULCAS

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BY DR NUCCIA SALIERI

In West and Central Africa, almost half of tuberculosis cases are not notified, especially those among children and the most vulnerable populations. Further efforts are needed to roll out rapid diagnostic tools and to implement active screening strategies among high-risk groups, with the support of community stakeholders, in order to remove barriers to accessing TB services. A paradigm shift is underway, as TB professionals are increasingly interested in the role that community stakeholders and civil society can play in the fight against tuberculosis.

7. ANNOUNCEMENT: The Global Fund Board seeks new members for the Technical Review Panel

BY AIDSPAN STAFF

The Global Fund Board has launched a recruitment process for new members of the Technical Review Panel, the independent group of health-care and development experts that reviews funding applications. The recruitment process is being managed by Devex. Applications are due by 15 September 2019.

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ARTICLES:

1. NEWS: Global Fund Board approves new country and multi-country grants valued at $47.3 million

Interventions from the UQD Register worth $42.2 million also approved

David Garmaise **20 August 2019**

On 16 August 2019, by electronic vote, the Global Fund Board approved funding for three country grants worth $32.7 million (Colombia HIV, Honduras TB/HIV and Kazakhstan TB). Domestic commitments for the programs included in the approved country grants amounted to $1.17 billion. Initiatives valued at $2.4 million were added to the Unfunded Quality Demand (UQD) Register. (See Table 1.)

Among the country grants, the largest award was $14.6 million for Honduras TB/HIV. The award included $1.9 million in matching funds.

The Board also approved two multi-country HIV grants worth $17.0 million (Table 2).

In addition, interventions from the UQD Register valued at $42.2 million were approved for eight grants in seven countries (Table 3). The funds for these awards come from an amount set aside for portfolio optimization in 2018, for the 2017-2019 allocation cycle. The largest award was $11.2 million for a Kenya malaria grant.

The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC). This was the 22nd batch of approvals from the 2017-2019 allocations.

Table 1: Country grants approved from the 2017-2019 allocations — 22nd batch ($)

Applicant	Com-ponent	Grant name	Principal recipient	Amount approved [1]	UQD	Domestic commitment [2]
Columbia	HIV	COL-H-ENTerritorio	ENPDT [3]	10,014,581	0	646,280,939
Honduras	TB/HIV	HND-C-CHF	CHF [3]	14,648,346 [4]	2,353,328	75,657,039
Kazakhstan	TB	KAZ-T-NCTP	NCTP [3]	8,054,663	0	443,127,844
			Total	**32,717,590**	**2,353,328**	**1,165,065,822**

Notes:

1. *Amounts shown are upper ceilings.*
2. *The domestic commitments shown are for the disease programs and exclude RSSH.*
3. *ENPDT = Empresa Nacional Promotora del Desarrollo Territorial | CHF = Cooperative House Foundation | NCTP = National Scientific Center for Phthisiopulmonology*
4. *The amount approved for the Honduras TB/HIV grant includes $1,900,000 in matching funds.*
5. *The end dates for these grants are as follows: Columbia HIV 31 October 2022; Honduras TB/HIV 31 July 2022; and Kazakhstan TB 31 December 2022.*

Table 2: Multi-country HIV grants approved from the 2017-2019 allocations — 22nd batch ($)

Applicant	Grant name	Principal recipient	Amount approved	UQD
MC Latin America ALEP	QRA-H-HIVOS2	HIVOS [1]	10,500,000	82,145
MC Caribbean CARICOM-PANCAP	QRA-H-CARICOM	Carib. Comm. Sect.	6,500,000	1,238,000
		Total	**17,000,000**	**1,320,145**

Note:

1. *HIVOS = Humanist Institute for Cooperation with Developing Countries*

Table 3: Additional funding approved for UQD interventions ($)

Applicant	Com-ponent	Grant name	Principal recipient	Amount approved ($)	Revised program budget
Afghanistan	Malaria	AFG-M-UNDP	UNDP	4,846,090	25,650,956
Cambodia	TB/HIV	KHM-C-MEF	MEF [1]	4,376,500	59,786,698
Ghana	Malaria	GHA-M-AGAMal	AGAMal [1]	6,587,160	22,471,168
Kenya	Malaria	KEN-M-TNT	National Treasury	11,199,999	74,018,369
Thailand	TB/HIV	THA-C-DDC	DDC [1]	5,398,845	23,432,337
Viet Nam	TB	NVM-T-NTP	National Lung Hospital	1,500,000	51,128,399
	HIV	NVM-H-VAAC	VAAC [1]	2,100,000	55,307,476
Zambia	Malaria	ZMB-M-MOH	Ministry of Health	6,218,534	57,493,044
			Total	**42,227,128**	

Note:

1. *MEF = Ministry of Economy and Finance | AGAMal = AngloGold Ashanti (Ghana) Malaria Control Limited | DDC = Department of Disease Control, Ministry of Public Health | VAAC = Viet Nam Authority of HIV/AIDS Control*

In its report to the Board, the GAC provided comments on two of the three country grants; on one of the two multi-country grants; and on all of the countries that were awarded funding for interventions from the UQD Register. In the balance of this article, we provide a summary of the GAC comments.

COUNTRY GRANTS

Honduras TB/HIV

PR: COOPERATIVE HOUSE FOUNDATION

The $14.6 million grant will support a program that has the following goals:

- New HIV infections among men who have sex with men account for a maximum of 30% of all new infections;
- 80% of persons living with HIV who are on antiretroviral therapy (ART) remain on ART;
- At least 85% of TB patients are detected by 2020; and
- TB mortality is reduced by 25% in 2020 compared to 2015.

As part of the grant, Honduras received $1.9 million in matching funds for two HIV strategic priority areas: (1) key populations impact; and (2) removing human rights–related barriers to health services.

To be eligible for matching funds, applicants need to meet four conditions:

- The program associated with the 2017-2019 allocation includes activities that directly support the designated strategic priority area;

- The allocation investment in the priority area is higher than in the previous allocation period (2014-2016) (known as the "increase in allocation" condition);
- Funding within the 2017-2019 allocation invested in the strategic priority area is equal to, or more than, the matching funds requested (known as the "1:1 matching" condition); and
- The programs proposed for the matching funds have clear potential to accelerate progress in the relevant strategic priority area and to maximize impact of the overall program.

Although Honduras did not meet the 1:1 matching condition for addressing human rights barriers and the increase in allocation condition for the key populations programs, the GAC nevertheless approved the matching funds award on the grounds that Honduras has either maintained or increased its share of investments in the priority areas compared to the previous grant.

To fully access the co-financing incentive in the 2017-2019 allocation, the Government of Honduras needs to invest an additional $1.9 million ($1.5 million for HIV and $0.4 million for TB) in 2020-2022, over and above its spending levels in the previous period. As well, 50% of the additional co-financing needs to be invested in priority areas within the disease program.

The GAC stated that Honduras has submitted two official communications from the previous Minister of Health committing to ***not*** decrease the national funding for HIV, and to increase its contribution by $1.5 million (half of which will be invested in ARVs); and to ***not*** decrease the national funding for TB, and to increase its contribution by $0.3 million (half of which will be invested in anti-TB drugs).

However, the GAC said, confirmation of Honduras's compliance with the co-financing requirements is still pending. Consequently, over the next six months, the Global Fund Secretariat will: (a) work with the government regarding whether the existing commitments still stand; (ii) confirm that the additional quantities of health commodities will be procured (including ensuring that appropriate budget lines have been created as per discussions with the Ministry of Finance); and (c) request that a finalized funding landscape table be prepared to assess if sufficient co-financing commitments have been made.

Kazakhstan TB

PR: NATIONAL SCIENTIFIC CENTER FOR PHTHISIOPULMONOLOGY

The goal of the TB program is to provide effective responses to drug-resistant TB (DR-TB), sustained through people-centered and evidence-based approaches, including those for vulnerable and at-risk populations. The $8.1 million grant will focus on (a) ensuring comprehensive and sustainable health system responses to the DR-TB challenge; and (b) sustaining universal access to quality and people-centered DR-TB diagnosis, treatment and prevention.

According to the GAC, Kazakhstan has consistently fulfilled its co-financing commitments in the past and the government successfully took over several interventions previously financed

by the Global Fund. When measured in the local currency, which has experienced some depreciation against the U.S. dollar, government commitments for the 2017-2019 allocation period represent an increase over the prior period equal to about $6.9 million.

The GAC noted that the country coordinating mechanism (CCM) spearheaded the development of a transition plan for the period 2019-2021. The plan identifies the following priority areas (among others):

- Ensure continuous access to high-quality laboratory diagnosis and treatment of M/XDR TB, particularly in the penitentiary sector until the government assumes full funding;
- Strengthen mechanisms and expand the involvement of NGOs in TB control activities; and
- Build the capacity of health care workers and NGOs to perform efficient TB control activities.

The budget for the grant includes performance-based salary incentives and task-based payments. These costs are linked to delivery of services at a newly established Center for Clinical and GeneXpert roll-out at district level; the development of regulations for civil and penitentiary sectors, including guidance for NGO participation in the TB program; and the development of social contracting mechanisms, including defining the cost of NGO service delivery.

The GAC said that these costs will be transitioned to the National TB Program in Year 3 of the program.

MULTI-COUNTRY GRANT

Alianza Liderazgo en Positivo (ALEP) HIV

PR: HIVOS

This grant covers 11 countries in Latin America, which have had varying levels of success in leveraging national budgets, especially for services for key populations. Given the general trend of declining donor funding, the GAC said, the sustainability of the HIV response will require additional domestic funding and innovative funding strategies, specifically for the key population response which is primarily implemented by civil society organizations.

The GAC noted that in the last week of grant-making, a regional organization representing sex workers, which was involved in the design of this program, withdrew, “quoting several factors linked to the misalignment of the grant implementation and governance approach with the organization’s operating model as their rationale.”

The GAC said that given the broad range of key population networks and organizations in the LAC region, new actors may well be interested in joining this program. Other participating networks and the PR are already exploring viable alternatives. The GAC stated that this development “would not have a material impact and will have no implications on activities at

country level given that the funding is channeled per country rather than per network and all activities focus on all key populations."

The Global Fund Secretariat told the GAC that the PR and the remaining key population networks remain fully committed to the engagement of sex workers in the program.

FUNDING FOR UQD INTERVENTIONS

Afghanistan malaria. The $4.8 million investment will help to close a gap in the procurement and distribution of long-lasting insecticide-treated bed nets (LLINs). An additional 1,616,363 LLINs will be purchased.

Cambodia TB/HIV. The additional $4.4 million will enable Cambodia to expand services for both TB and HIV. For TB, case notification rates will be increased, bringing coverage to 74% (vs. 66% currently). As well, the number of children under 5 receiving preventive treatment is projected to increase by 1,700 by December 2020. For HIV, the funding will support interventions in key populations in high-burden provinces. Cambodia expects that an additional 2,761 people (sex workers, transgendered persons and men who have sex with men) will be reached and tested. The funding will also support the operationalization of an existing Master Patient Index and the use of a Universal Unique ID Code as an identifier across all databases. This will help to ensure that clients are followed continuously during the disease cycle.

Ghana malaria. The GAC stated that "Ghana is a high-burden/high-impact country that is not on track to reach the targets set out in the Global Technical Strategy for Malaria and is [in the] vanguard [of] the fight against a resurgence of malaria morbidity and mortality." The additional funding of $6.6 million will help to fill gaps in indoor residual spraying (IRS). The funding will enable Ghana to maintain IRS coverage for more than one million people in high burden districts.

Kenya malaria. The $11.2 million investment will be used to procure and distribute more LLINs. The current grant covers only 51% of the need for a mass distribution campaign planned for 2020. In April 2019, the Board approved $8.6 million in funding for LLIN-related initiatives on the UQD Register (see GFO article from May 2019), which increased coverage to 64% of the need. The current $11.2 million investment will increase coverage still further, to 82%. An investment from the (U.S.) President's Malaria Initiative is expected to fill the remaining gap.

Thailand TB. The additional investment of $5.4 million will support several initiatives targeting prisoners, including the following: (a) TB case funding; (b) using mobile x-ray vans with digital chest x-ray scanners in high TB-burden prisons; and (c) renovating TB isolation rooms and directly-observed treatment corners. Three other 'modules' within these initiatives relate to case detection and treatment of MDR-TB.

Viet Nam TB. The $1.5 million in funding will support the roll-out of the World Health Organization's new regimen for TB treatment. The funding will also be used to procure

second-line drugs; to strengthen drug safety monitoring and management; and to support the strengthening of laboratories' capacity to conduct second-line drug susceptibility testing.

Viet Nam HIV. The $2.1 million in extra funding will support activities related to the roll-out of post-exposure prophylaxis (PrEP).

Zambia malaria. The additional investment of $6.2 million will allow Zambia to achieve full coverage of IRS in 2019 and 2020.

EXTENSION

The Secretariat has approved a 12-month no-cost extension of a malaria grant in Malawi, MWI-M-WVM. The new end date for this grant is 31 December 2021. The budget for the extension, $10.2 million, will come from already approved funding.

Most of the information for this article was taken from Board Document GF/B41/ER05 ("Electronic Report to the Board: Report of the Secretariat's Grant Approvals Committee"), undated. This document is not available on the Global Fund website.

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2. NEWS: All funding requests to the Global Fund for 2017-2019 reviewed by TRP, most approved by the Board

Virtually all of $20 million set aside for emergencies has been awarded

David Garmaise **21 August 2019**

As of 1 July 2019, the Technical Review Panel (TRP) has completed its reviews of funding requests for the 2017-2019 allocations and has issued recommendations covering all of the funds available for country allocation ($10.3 billion); all of the matching funds that were subject to TRP review ($313 million); and all of the funds earmarked for multi-country grants ($260 million).

As of the same date, the Global Fund Board has approved 99% of the funds available for country allocation; 99% of the matching funds; and 91% of the funds set aside for multi-country grants.

This information, as well as the information in the balance of this article, was obtained from the Global Fund Secretariat. All of the information is as of 1 July 2019.

A total of 225 country funding requests were submitted in the 2017-2019 cycle; submissions are now complete. The requests yielded 339 grants, 320 of which have been approved by the Board; the other 19 are either awaiting Board approval (4) or are being reviewed by the GAC, the Grant Approvals Committee (15).

Emergency Fund

Virtually all of the $20.0 million set aside for emergencies — $19,993,984 to be exact — has been approved, leaving just $6,916 not yet awarded. The table below shows the amounts approved each year during 2017-2019 and the recipient countries.

Table 1: Emergency fund: Approved funding by year, showing recipient countries

	2017	2018	2019
Approved funding	$3.6 million	$4.1 million	$12.3 million
Recipient countries	Uganda	PNG, Sudan	Bangladesh, Ecuador, Mozambique, Zimbabwe, Djibouti and Ethiopia

The focus populations for the emergency funds were frequently refugees and migrants, but also included people affected by natural disasters (e.g. earthquakes, cyclones).

South Sudan should probably be added to the list of recipient countries in Table 1, given that it was identified as a focus population for emergency funding in 2017 and 2018 (associated with the category of refugees); however, we were not able to confirm this before going to press.

Funding for Venezuela

In September 2018, the Global Fund exceptionally donated $5.0 million to support the procurement of antiretrovirals (ARVs) for Venezuela for a period of one year (see GFO article from 3 October 2018). Subsequently, the Fund signed agreements with the Pan American Health Organization (PAHO) for procurement of the ARVs ($4.9 million), and with UNAIDS for civil society monitoring ($100,000).

A master plan covering the procurement and distribution of the ARVs was developed and endorsed by the Government of Venezuela. Contributions for the master plan were also received from other sources.

An informal regional support group was formed to support the implementation and oversight of the master plan. The group includes representatives of PAHO, UNAIDS and the Global Fund, and Venezuelan and international civil society —Acción Solidaria, Red Venzolana de Gente Positiva (RVG+), Aid for AIDS International, the AIDS Healthcare Foundation (AHF) and ICASO.

The first shipment of ARVs arrived in Venezuela in December 2018. The ARVs were transferred to the central medical warehouse near Caracas, and then, after some delays, to the 37 pharmacies authorized to distribute ARVs.

As GFO previously reported, uptake of the ARVs has been slow due to a number of factors. However, the Global Fund Secretariat says that as of June 2019, about 12,200 people living with HIV were receiving ARVs funded through the Global Fund donation.

The Secretariat has identified several implementation challenges, including the following:

- The political situation in Venezuela is in a constant state of flux;
- Viral load testing is not available;
- There is limited availability of ARVs for alternative regimens for pregnant women and children
- There is limited availability of treatments for opportunistic infections; and
- Civil society organizations face difficulties in carrying out their monitoring responsibilities.

The Secretariat is developing a request for an additional donation; the request will be reviewed by the Strategy Committee at its meeting on 17-18 October, at which time a decision will be made on whether to submit the request to the Board. As there is no existing source of funding for non-eligible countries such as Venezuela, the request would be contingent on identifying a source.

Meanwhile, the Board has decided that Venezuela will be eligible for an allocation for malaria in 2020-2022 (see separate article in this issue).

Unfunded Quality Demand (UQD) and portfolio optimization

For 2017-2019, the Technical Review Panel (TRP) identified $4,339 million worth of initiatives to be placed in the UQD Register. As of 1 July 2019, initiatives valued at $3,059 million remained in the register; the other $1,280 million has been awarded. The $1,280 million figure breaks down as follows:

- Efficiencies and reprogramming ($736 million)
- Portfolio optimization ($504 million)
- Debt2Health ($30 million)
- Private sector ($10 million)

As additional funding becomes available through portfolio optimization, the Global Fund invokes its prioritization framework to identify which high impact interventions should be funded. To date, the GAC has recommended awards totaling $503.9 million in three waves (July 2018, October 2018 and April 2019). About half of this amount has been approved by the Board for integration into existing grants. (The Secretariat approaches the Board for funding approval for each grant when that grant is deemed ready to integrate the additional funds.)

The breakdown of the $503.9 million by component is as follows: malaria 46%, TB 30%, HIV 21% and RSSH 4% (exact percentages have been rounded up).

The funding awarded through portfolio optimization has enabled countries to reduce gaps in service delivery and to increase coverage, as in the following examples:

- **TB.** Increase TB case finding and treatment.
- **Malaria**. Cover gaps in indoor residual spraying (IRS) and implement IRS in timely fashion prior to peak transmission seasons.
- **HIV.** Accelerate ART scale-up in Central and West Africa (coverage expected to reach 48% in 2020 vs. 43% if no portfolio optimization).

Based on lessons learned from portfolio optimization in 2017-2019, the Secretariat says that it wants to find ways to accelerate the integration of funding awarded through portfolio optimization into grants. This process currently takes 4-6 months.

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3. NEWS: Venezuela will be eligible for an allocation for malaria from the Global Fund for 2020-2022

The Fund invoked a clause in its Eligibility Policy concerning a resurgence of malaria in countries not normally eligible for support

David Garmaise **20 August 2019**

Venezuela will be eligible for an allocation for malaria in the next allocation period, 2020-2022. The Global Fund Board announced its approval of this decision late on 15 August, after a round of electronic voting.

In its decision, the Board cited a clause in the Global Fund's Eligibility Policy whereby the Fund's malaria partners may recommend, in certain situations, that a country such as Venezuela, which is normally not eligible for Global Fund support, become eligible for malaria-related support in the event of a significant resurgence in malaria cases.

There is ample evidence that malaria is experiencing a significant resurgence in Venezuela, and the Fund's malaria partners have recommended that Venezuela be considered eligible for support to combat this.

According to the World Malaria Report 2018, the estimated number of malaria cases in Venezuela has increased from 57,257 in 2010 to 519,109 in 2017.

In a paper prepared for the Board, the Global Fund Secretariat said that the 519,109 figure is likely an under-estimate because of significant under-reporting. The malaria partners said that in 2018 there were 404,924 malaria cases reported; the Board paper noted that some sources estimate actual cases in 2018 may have exceeded 1.0 million.

According to the World Malaria Report 2018, Venezuela accounted for 53% of all malaria cases in Latin America in 2017.

Malaria partners told the Global Fund that the overall regional risk is considered high because of the large numbers of people fleeing Venezuela. "The export of sporadic cases to countries free of malaria poses a challenge for the early detection and prevention of complications associated with the disease," the partners stated.

The resurgence in malaria cases has been accompanied by a steady deterioration of the health system. According to the Board paper, the resurgence is expected to continue in 2019. The paper stated that there is limited capacity in the country – of both financial and human resources – to respond to the upsurge, which has been steadily increasing in the last three years and has affected other countries in the region. The on-going socio-political and economic crisis makes it unlikely that there will be additional domestic or international resources to support the response to malaria in the near future, the paper said.

The partners said that the epidemic in Venezuela "calls for a comprehensive response including prevention actions, early access to diagnostics and treatment, and management of social determinants – without which there remains a high risk to the population of Venezuela and the region."

The situation is not expected to improve in the short-to-medium term, the partners said, which has potential negative implications for malaria elimination in the region. "While providing Global Fund resources for malaria would help alleviate the situation, significant additional financial resources from other sources and changes in the political situation will be required before malaria can be controlled again in Venezuela," they said.

The Secretariat noted that the decision to make Venezuela eligible with respect to its malaria component will not affect the Secretariat's ability to request an additional year of exceptional funding for Venezuela HIV and TB under the Global Fund's approach to non-eligible countries in crisis.

In September 2018, the Board approved a one-year donation of $5.0 million to finance the procurement of critical HIV treatments for Venezuela. In June 2019, the Secretariat told Aidspan that the Board will consider a future request under the 'non-eligible countries in crisis' approach "in the coming months." (See GFO article 'Global Fund donation reaches Venezuela amid worsening humanitarian crisis'.)

While it supported the recommendation for Venezuela to become eligible for a malaria allocation, the Secretariat noted that the operating context in Venezuela is likely to remain extremely challenging and that the design of implementation arrangements for any grants emanating from the malaria allocation will need to reflect this.

The Secretariat said that any decisions regarding implementation arrangements will be made in accordance with existing processes — i.e. during country dialogue and the development of the funding request. Based on current external risk indices, the Secretariat said, Venezuela would likely be classified as a challenging operating environment (COE) and be managed under the Additional Safeguard Policy (ASP).

The Secretariat noted that the $5.0 million donation provided to Venezuela to purchase ARVs is managed directly through the Pan-American Health Organization (PAHO) and UNAIDS, and that there are currently no dedicated Secretariat staff for Venezuela. Should Venezuela become eligible for malaria and receive an allocation, there will be resource implications for the Secretariat, it added.

Most of the information in this article is based on GF/B41/ER04, "Recommendation on Eligibility of Venezuela Malaria for the 2020-2022 Allocation Period." When we went to press, this paper was not available on the Global Fund's website.

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4. ANALYSIS: Global Fund impact on building and strengthening a health system: The example of Rwanda

Rwanda was quick to respond to the opportunity the Global Fund presented to strengthen its health system

Thierry Ramos **20 August 2019**

The Global Fund has recognized the importance of health systems in the response to the three pandemics since its inception, but building resilient and sustainable systems for health became a strategic pillar in the Global Fund's 2017-2022 strategy "Investing to End Epidemics". The simultaneous release of evaluation and audit reports on Global Fund investments to build resilient and sustainable systems, by the Technical Review Panel and the Office of the Inspector General, presents an opportunity to examine how some countries have relied on the Global Fund and quickly seized the funding opportunity to strengthen their health systems' response to the three pandemics. In this respect, looking at Rwanda's experience over the last twenty years offers several lessons, which have been widely documented in scientific literature. *(Editor's note: Because this is a literature review, we have included endnotes in the text.)*

Positive developments in the Rwandan health system over 20 years

Following the genocide against the Tutsis in 1994, Rwanda implemented major reforms in the late 1990s and early 2000s to rebuild and strengthen its health system, particularly with a view to achieving the Millennium Development Goals (MDGs) and later the Sustainable Development Goals (SDGs). These first reforms included decentralizing health services, introducing performance-based financing and creating community-based health insurance (1).

Then came the extension of the community health program in 2007, culminating in 2009, in having four community health workers trained in every village in the country. Between 2010 and 2015, these reforms enabled better coverage of the population, especially in rural areas, and improvements in the overall quality of services (2). They also produced positive, tangible results, especially in the area of HIV/AIDS (3): a decrease in AIDS-related deaths of around

80%, achievement of UNAIDS targets for universal prevention of mother-to-child transmission (PMTCT) and antiretroviral treatment coverage (4). At the same time, coverage by the national health insurance scheme exceeded 90% (5).

One factor that is regularly cited to explain this success is that of Rwandan governance and leadership which, beyond proactive health sector reforms, has led to a desire to align external aid to government policy. Therefore, support from external donors has enabled initiatives such as health insurance and results-based financing. The relationship between Rwanda and the Global Fund and the synergies created between Rwanda's HIV program and its health sector provide a good illustration of this approach.

Decision to integrate Global Fund-supported programs into Rwandan health sector

Rwanda's relationship with the Global Fund was characterized early on by Rwanda's desire to integrate HIV, tuberculosis and malaria-specific interventions into efforts to strengthen primary health care, to provide people with equal access to health services and to strengthen the health system.

In 2002, however, an influx of funds targeted for the fight against HIV (from the World Bank, Global Fund, PEPFAR) initially resulted in a duplication of services, with different approaches being used and difficulties experienced in monitoring the activities being implemented. Some partners were also reporting the results of their activities directly to donors without going through national channels. This situation led to the need for better coordination, culminating in the establishment of a technical coordination team in 2005, led by the Ministry of Health and comprising technical partners and non-governmental organizations. In 2005 this team deployed an electronic reporting system called TRACnet, enabling monthly reporting on a set of health indicators through a centralized database to better monitor the different activities being implemented to respond to HIV (1).
With its new will to improve coordination of funding, Rwanda has found, in the Global Fund, a partner open to funding interventions that extend beyond the three pandemics. Rwanda's HIV program was quickly characterized by efforts to integrate not only HIV-related prevention and control but also related issues, such as tuberculosis, malnutrition, and systems strengthening (5).

At the decentralized level, vertical funds from the Global Fund and PEPFAR have been used to rehabilitate health infrastructure and to set up treatment platforms in rural areas that have gradually been used to strengthen primary health care. Despite some fears, integration of HIV services with primary health care has not led to a decline in the provision of primary-care services. A study on integrating HIV services into primary health care (6) even shows that this approach has had a catalytic effect and has led as much to an increase in the provision of reproductive health services as to greater use of care platforms overall.

Similarly, at the national level, the strengthened procurement and supply chain for ARVs was then used for other types of drugs. The information systems created to monitor HIV treatment have been adapted to monitor other treatments. Health workers in maternity wards were

trained as part of PMTCT programs and delivered babies regardless of the mother's HIV status (3).

Global Fund support to health insurance and results-based financing

The Global Fund's support to Rwanda's health system was also delivered more directly through a $34-million, five-year grant in 2006, to scale up the community-based health insurance system, which until then had been tested in three regions. Establishing health insurance is one of the key reforms of the Rwandan health sector. It is important to note that this grant was one of the first provided by the Global Fund for health system strengthening (alongside Laos and Malawi). The purpose of this grant was to strengthen financial access to health care by subsidizing health insurance for the poorest, in order to respond to the three diseases. This objective was achieved by the end of the grant - improved financial access led to increased use of health services, and as a result improved health among the population.

Global Fund funding also contributed to the roll out of the results-based financing system at the community and hospital levels, another major feature of the Rwandan health system. Implementation of results-based financing in Rwanda demonstrates the government's political will. There are many publications on the subject, but they are divided on the role that this funding mechanism has played as a strategic tool to reform the health system and respond appropriately to the needs of communities and patients. However, it is clear that the system has improved the availability of health care providers (including community health workers [10]) and operations within some health facilities, even if a clear link cannot be made with structural and overall health system improvements (11).

In addition, the HIV program has particularly benefited from the implementation of results-based financing through Global Fund support to the system, as the selected indicators fit with the HIV care continuum (number of new adults and infants on ARVs, number of HIV-positive pregnant women on antiretroviral therapy, number of HIV-positive patients receiving a CD4-count test in line with national guidelines) (1). Since 2014, Rwanda has been the only major Global Fund portfolio that has been subject to a results-based financing model (called National Strategy Financing).

Management of external aid grants and domestic budgets

Rwanda's strong political will and donors' willingness to coordinate have also been reflected in the way in which external assistance is mobilized. As of 2010, 58.4% of foreign aid to Rwanda went through the national system. For HIV, in 2011, coordination mechanisms were integrated with other disease programs into a project implementation unit of the Rwanda Biomedical Center (RBC) in order to facilitate program integration. Since then, Global Fund funding has been managed by the Ministry of Health in its role as Principal Recipient, and the Rwanda Biomedical Center as a sub-recipient and lead implementing partner. All health sector funding from external development assistance (Global Fund; World Bank; Gavi, the Vaccine Alliance; bilateral cooperation) now goes through this single project implementation unit.

In addition to centralizing funding management, Rwanda's success in using external aid is intrinsically linked to mobilizing complementary national resources. The increase in external aid has not had a crowding-out effect on government investments and has been positively linked to the provision of maternal and child health, and infectious-disease services in rural health centers. Since 2016-2017, the government has allocated 16.5% of its budget to health (in line with the 2001 Abuja Declaration, in which African Union member states pledged to dedicate 15% of their national budget to health) and the country has also met its counterpart financing obligations in accordance with Global Fund policy (13).

Global Fund financing to Rwanda for the 2017-2019 cycle

Since 2003, the Global Fund has invested approximately $1.4 billion in Rwanda. $210 million is currently committed through active grants. Despite a continued reduction in Global Fund funding (down 30% for the last cycle), Rwanda continues to deliver the expected (targeted) results within its grants. This is probably linked to the country's unique funding model, which is funding the national strategy. Under this model, the country consolidates and allocates all public funding and grants from the Global Fund to national strategic plans to combat the three diseases in Rwanda (13). According to an independent evaluation by Euro Health Group, this approach to funding the national strategy has improved grant effectiveness, and has produced both good results and cost-effectiveness. It is an essential component of program sustainability in the country. Given the success of this model, there are plans to test it in other countries that meet the criteria necessary for its implementation.

Is Rwanda a replicable example?

Improvements in Rwanda’s health system are linked, in part, to several internal factors. One such factor is the decentralization of health services to increase health coverage, which has most likely benefited from the fact that Rwanda is a small country with a population that speaks the same language (1). Several qualitative studies have also found that processes and mechanisms for promoting accountability at different levels of the health pyramid (an important factor for a system based on results-based financing) have relied on traditional Rwandan culture, with its central values of being an "integrated and inclusive society" (8). In addition, there are certainly many other reasons behind the positive dynamics of the Rwandan health system, even if the existence of community health workers and health insurance are regularly cited among the factors that have contributed most to improving health outcomes (2).

Still, it is possible to draw from the Rwandan example a sense of the will to coordinate the various external resources going to programs to strengthen the health system as a whole, made possible by strong leadership (1). This has allowed for gradual integration of various donor-funded initiatives, including the Global Fund, into national funding channels and the transfer of responsibility, backed up by national resources committed for capacity building, which is fundamental to the long-term sustainability of health system improvements (8). Integration has not been detrimental to pandemics control programs, but has had a catalytic effect, which has improved results in the HIV, tuberculosis and malaria responses, in particular (1).

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5. REPORT: Global Fund Advocates Network publishes new concept note on sustainable financing for health advocacy

A 'unified framework' aims for convergent approaches across the health sector

Adèle Sulcas **19 August 2019**

A new report from the Global Fund Advocates Network (GFAN) proposes a broadly framed approach to advocacy for financing priorities across all health issues related to the Sustainable Development Goals (SDGs), taking as a starting point the interdependence of the health and development goals within the SDGs.

The core of the concept note is a "unified framework for sustainable health financing advocacy" (SHFa), encompassing advocacy across "multiple health priorities and in multiple health financing contexts".

The 'unified framework'

The purpose of the unified framework is to address specific aims of Sustainable Development Goal 3 (the 'health' SDG: 'Ensure health lives and promote well-being for all at all ages), such as ending the epidemics of HIV, TB, and malaria, while encompassing and coordinating across multiple SDG3 aims and health priorities, including universal health coverage, accessibility and affordability of essential medicines, access to sexual and reproductive health services, access to harm reduction, domestic resource mobilization, and other overarching issues influencing each of these areas, such as poverty, gender equality, justice, and human rights.

Recognizing the interdependencies between the targets within SDG3, the report acknowledges that along with governments, a variety of agencies and organizations are ostensibly working towards multiple targets together, often with complementary strategies and overlapping priorities. The framework is intended to help global health advocates align

their efforts, understand the linkages and synergies between their work, and "avoid being caught in fragmented siloes of work".

The report also lays out the contexts of health financing, starting with a summary of the amount required to achieve the SDGs in low- and middle-income countries (an estimated $371 billion per year); a summary of domestic financing's stake in current investments in health (the majority); emphasis on the need to mobilize "increased and improved domestic funding for health"; and advocating for universal health coverage (UHC).

Some useful tables outline countries with high burdens of preventable disease and their needs for improved health services (Table 2); economic and health financing indicators that are shaping the targets of advocacy (Table 3); and types of political environments that shape advocacy, grouping countries according to one of four types (Table 4).

Supporting advocacy itself

A section on priorities for investing in SHFa makes the point that advocacy for sustainable financing for health is itself in dire need of broader support and more funding. The concept note proposes three priorities for investment in advocacy: investing in people – health financing policy analysts and strategists, health financing advocates, activists, and organisers, health providers and consumers – as well as investing in advocacy structures and resources, and in international advocacy support. The concept note makes the point that the potential impact of effective advocacy for SHFa (97 million premature deaths averted) far outweighs the financial cost of the resources required to do it.

GFAN told the GFO that an underlying rationale for this paper was the lack of funding specifically for advocacy in Global Fund-supported countries. While the paper's primary intent is to situate advocacy for AIDS, TB and malaria within broader health advocacy, a secondary goal for this piece of work was to make the case for investing in advocacy itself, especially in implementing contexts. There needs to be broader recognition, GFAN said, that advocacy to ensure adequate financing for AIDS, TB and malaria (with a focus on programming and services that have the most impact) is "woefully underfunded". As a global community, GFAN said, "we risk losing gains if efforts to support community and civil society advocacy do not go alongside it."

Starting point for the concept note

As the Global Fund has continued to broaden the scope of the issues and themes within which it situates itself, so GFAN has also been broadening its own approach to Global Fund-related advocacy. While the focus of GFAN's work remains advocacy to fully fund the Global Fund – most immediately for the upcoming Sixth Replenishment, which is seeking 'at least $14 billion' to fund the next cycle of Global Fund grants, but for which GFAN is calling for $18 billion – GFAN says larger questions remain around how the Global Fund raises the resources required for its own work (and targeted outcomes) within the context of the growing movement towards universal health coverage (UHC), which has its own, larger set of outcomes around health system strengthening ad the inclusivity of services, which are in turn linked to the SDG objectives.

In early 2018, GFAN commissioned an initial document that summarized the existing literature about different types of advocacy, and related successes and challenges. For this concept note, which is intended to be complementary, GFAN and the Civil Society Engagement Mechanism (CSEM) for the 2030 goal of Universal Health Care, together issued a call for input. This was to ensure that constituencies beyond GFAN members, partners and AIDS, TB and malaria sectors were consulted. The document was then further developed by GFAN together with a lead author, Sam Avrett.

Intended use and next steps

While acknowledging that this (or any single) report will not on its own resolve the complex issues around siloed ways of working, GFAN says it is using this report as an opportunity to reach out beyond its traditional membership, and especially to engage UHC actors.

By doing so, GFAN hopes to stimulate dialogue between advocates about the approaches to advocacy described in the concept note, as well as to promote further resource mobilization, aiming to develop "convergent work across multiple areas of health advocacy," covering HIV, TB, malaria, sexual and reproductive health, harm reduction, universal health coverage, and more; to develop similarly convergent work across multiple areas of financing advocacy; and building new partnerships, training, technical support and funding initiatives.

Further reading:

- *GFAN's July 2019 concept note on Sustainable Health Financing advocacy*
- *GFAN's 2018 research brief, 'Effective Civil Society-led Strategies for Increasing Domestic Resource Mobilization for AIDS, TB and Malaria in Low- and Middle-Income Countries'*
- *The United Nations web page for Sustainable Development Goal 3*

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6. NEWS AND ANALYSIS: Changing the paradigm to end tuberculosis

Community engagement to end TB in West and Central Africa

Dr Nuccia Saleri **20 August 2019**

Tuberculosis (TB) is now the world's leading infectious-disease killer. In 2017, according to World Health Organisation (WHO) estimates, 10 million people fell ill with TB and 1.6 million died from the disease. While acknowledging that TB prevalence is higher among men, it is estimated that more than 3 million women and 1 million children fell ill with TB in 2017. TB is still the leading cause of death among people living with HIV, with one in three HIV-related deaths caused by the disease. The poorest and most vulnerable populations are disproportionately affected by TB. The disease creates a vicious cycle of poor health and

poverty, with social and economic consequences that can be catastrophic for families, communities and countries. In addition, stigma and discrimination remain key obstacles to accessing TB services.

In West and Central Africa (in the Global Fund's definition of the region), according to WHO estimates, almost half the people with TB remain unreported (their cases not 'notified'), and make up the "missing cases". Further efforts are needed to remove barriers to access, roll out new tools for rapid diagnosis, and implement active screening strategies among high-risk groups with the support of community stakeholders. This is a paradigm shift that the Stop TB Partnership describes as follows: 1. A change of mindset; 2. A human rights- and gender-based approach to TB; 3. New and more inclusive leadership; 4. A community- and patient-centered approach; 5. Innovative TB programs that possess the necessary tools to eliminate tuberculosis; 6. Integrated health systems that are capable of responding to TB-related challenges; 7. A new, innovative and improved approach to financing tuberculosis treatment; 8. Investment in socio-economic initiatives.

Well aware of these challenges and taking advantage of some countries' existing progress, the Global Fund to Fight AIDS, Tuberculosis and Malaria and a number of partners (WHO, the Stop TB Partnership, the Special Programme for Research and Training in Tropical Diseases [TDR], the West African Regional Network for TB Control [WARN TB], the Central African Regional Network for TB Control [CARN TB], the Union, the Action Damien foundation, USAID, non-governmental organizations [NGOs], and other community stakeholders) have joined forces to accelerate TB screening and improve treatment-related results in West Africa and Central Africa over the 2018 to 2020 period. In March 2018 and July 2019, two workshops took place in Cotonou (Benin) in order to share lessons learned and good practice in TB screening and treatment results, and to support TB elimination efforts by 2030. The workshop that took place on 1-3 July 2019 emphasized pediatric TB and community-based approaches.

Community-based approaches to fight tuberculosis in West and Central Africa

The Global Fund circulated a survey on community-based approaches to relevant countries, 15 of which completed it. Thirteen of these countries have a National Community Health Strategy that was developed in a participatory way, and the other two countries are developing theirs. All 15 countries have a national coordinating body for community interventions. Out of the 13 countries that have a Community Health Strategy, 12 mentioned that the strategy is not disease specific but rather seeks to integrate several health issues, including TB. With regard to the national budget allocated to fund the Community Health Strategy, 53% of the countries said that it covers between 1% and 25% of the funding needed, and only one country said that the national budget covers more than 50% of the funding needed. Community health workers (CHWs) are present in all 15 countries that responded to the survey and TB is part of their training curriculum.

CHWs' core activities in the fight against TB involve searching for people who are in close contact with a patient who has infectious pulmonary TB, raising awareness, supporting treatment adherence, finding suspected TB cases in the community, and making referrals.

The main challenges identified by countries are related to the sustainability of activities (with a reliance on external funding), the retention of CHWs (financial incentive policies), coordination and monitoring, and integrating and improving CHWs' service packages with the many tasks to be undertaken by programs.

The Dynamics of Francophone Africa's Response to TB (DRAF-TB)

Civil society leaders in the region, who know what the stakes are, met on the sidelines of the CRG (community, rights and gender) Anglophone Africa Platform meeting on 24 April 2018 in Accra, Ghana, and committed to help increase coverage of and access to TB services for all, and in particular for the most vulnerable and stigmatized groups.

The foundations of a sub-regional organization called DRAF-TB were laid on 24 May 2018 in Johannesburg, on the sidelines of a high-level meeting organized by the Stop TB Partnership and the International Red Cross. DRAF-TB is a regional network of national organizations involved in the fight against tuberculosis and TB/HIV co-infection, which promotes community issues, gender and human rights in the francophone countries of West and Central Africa (Benin, Burundi, Burkina Faso, Côte d'Ivoire, Guinea, Niger, Senegal, Cameroon, Congo Brazzaville, Gabon, Democratic Republic of Congo [DRC], and Chad).

DRAF-TB's vision for 2030 is to promote engaged and well-equipped communities that are free from discrimination and that contribute to the TB elimination objectives in francophone Africa. The areas of intervention are the following: 1. Regional advocacy based on the Political Declaration of the 2018 UN high-level meeting (HLM) on tuberculosis; 2. Capacity building for a person-centered approach; 3. Coordination of national and regional initiatives; 4. Partnerships with National Programs as well as regional and global organizations.

In 2019, DRAF-TB launched the "Zero deaths among our children" advocacy campaign which aims, by 2020, to strengthen the right to health through establishing accountability frameworks for TB in 3 countries: Cameroon, Niger, and DRC.

The Côte d'Ivoire example

In Côte d'Ivoire, access to TB services is problematic because of low levels of decentralization of diagnosis and treatment services. The country has invested in expanding coverage of TB services, decentralizing tuberculosis care and treatment, and strengthening community engagement. From 2016 onwards, building on its experience in the HIV response, Alliance Côte d'Ivoire became the Global Fund's principal recipient (PR), to implement the TB community strategy.

In 2016, following a situational analysis conducted through field visits and stakeholder interviews, Alliance Côte d'Ivoire and the National TB Program developed the 'Operational guidelines for the implementation and scaling up of community-based TB activities'. This document, based on WHO's ENGAGE TB approach, describes policies and programs that

support non-governmental organizations (NGOs) /civil society organizations (CSOs) to integrate TB into their community activities. It also describes how national TB program managers, NGOs and CSOs can work together to put in place community-based approaches that support:

- Early case detection: Identifying people who may have TB or who are particularly vulnerable to the disease and referring them to health centers;
- Treatment support: ensuring that people who need treatment receive it, fully adhere to it and have regular medical checks;
- Prevention: teaching patients how to reduce the risk of spreading the disease;
- Fighting the stigma affecting tuberculosis patients.

The Community Health Strategy in Côte d'Ivoire is based on two essential stakeholders: community health worker (CHW) supervisors and ground-level CHWs (multi-skilled). CHW supervisors, supported by the TB teams of sub-sub-recipient NGOs, can supervise 5 to 10 ground-level CHWs working in rural and peri-urban areas. Their incentive bonus is calculated based on the expected workload (number of TB patients and rates of death/patients lost to follow up) in their area of intervention. Multi-skilled CHWs are positioned at the more local level of the health pyramid.

According to the operational guidelines, former TB patients' engagement (through the promotion of the Patients' Charter for Tuberculosis Care) is recommended and implemented in urban areas in particular. This strategy, with strong collaboration with the National Tuberculosis Program as a building block, contributed to improving national results in terms of notification and reduction of the lost-to-follow-up rate as shown in Figures 1 and 2.

Figure 1. TB notification (new and relapse cases) in Côte d'Ivoire

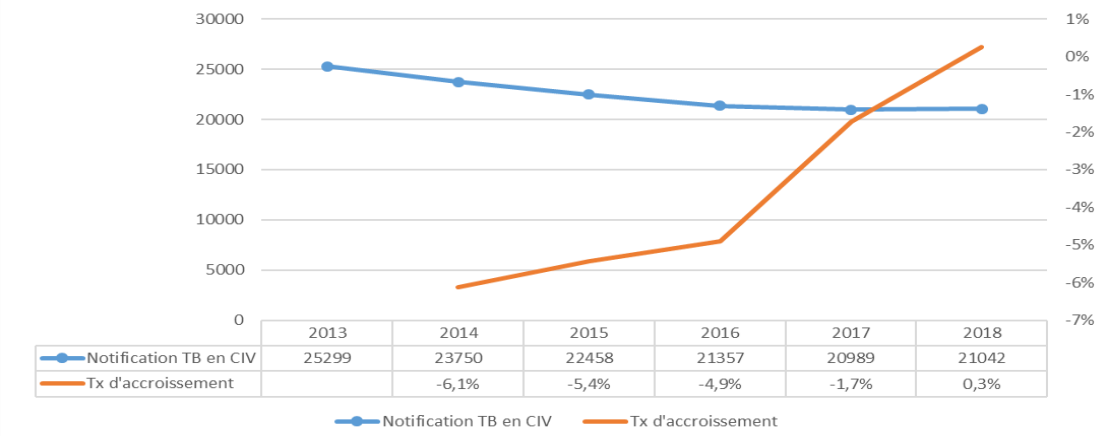
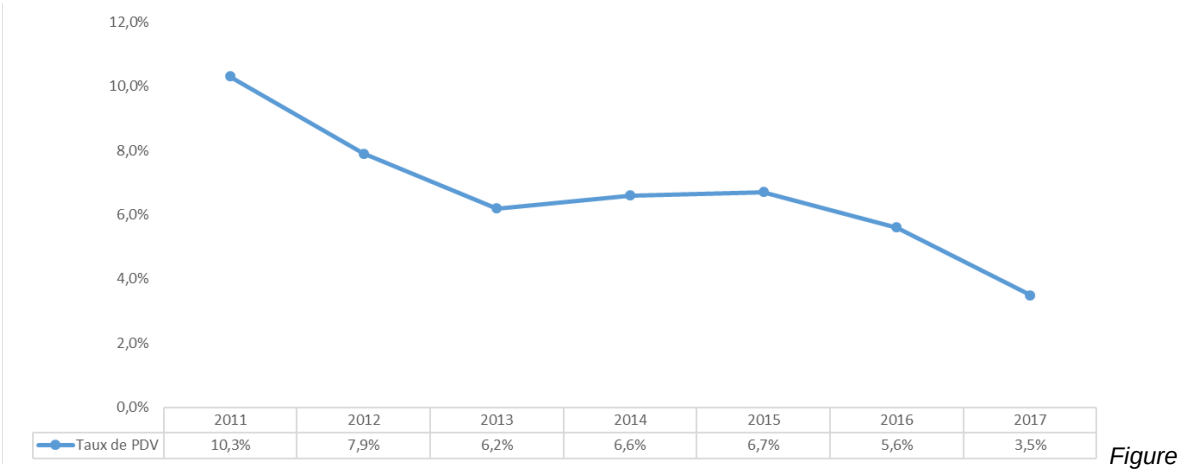


Figure 2. Lost-to-follow-up rates in Côte d'Ivoire



Figure

The community contribution to TB notification at the national level increased from 12% before 2016 to 24% in 2018. In Côte d'Ivoire, the proportion of TB cases among key populations (people in close contact with a TB case, prisoners, PLHIV, people living in poor areas, people who use drugs, miners) that were detected by CHWs increased from 37% in 2016 to 83% in 2018.

To conclude, Côte d'Ivoire's positive experience and the creation of the DRAF-TB network are examples that illustrate a paradigm shift for TB detection and treatment in West and Central Africa. This change comes with innovative approaches such as those described above and a willingness to engage civil society to end tuberculosis, as outlined in the Sustainable Development Goals.

Further reading:

- *Stop TB Partnership. Communities, Human Rights and Gender (CRG). http://www.stoptb.org/communities/*
- *Stop TB Partnership. International Human Rights Clinic, University of Chicago Law School Kenya Ethical, Legal Information Network for HIV (KELIN). The Nairobi Strategy: A Human-Rights-based Approach to Tuberculosis http://www.stoptb.org/assets/documents/communities/Nairobi_Strategy_WEB.PDF*
- *WHO. Empowering communities to end TB with the ENGAGE-TB approach. https://www.who.int/tb/areas-of-work/community-engagement/en/*
- *The Global Fund. Best Practices on TB Case Finding and Treatment:*
  - *Reflections and Lessons from West and Central Africa and Beyond*
  - *September 2018 Geneva, Switzerland. https://www.theglobalfund.org/media/8273/core_wca-tb-best-practices_technicalbrief_en.pdf?u=636963587940000000*
- *www.draftb.org*

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7. ANNOUNCEMENT: The Global Fund Board seeks new members for the Technical Review Panel

Aidspan staff **9 August 2019**

The Global Fund Board has launched a recruitment process for the Technical Review Panel, the independent body of experts that reviews funding applications to the Global Fund, and ensures that their strategic focus is aligned to the Global Fund Strategy 2017-2022. The Board's Strategy Committee is overseeing the recruitment process, and the application process is being managed by Devex.

The Board is seeking experts who have one or more areas of expertise among the following: HIV, tuberculosis, malaria, resilient and sustainable systems for health, human rights and gender, strategic investment and sustainable financing. Cross-cutting expertise areas sought include challenging operating environments, community systems strengthening, and program management.

The Global Fund website has made extensive TRP-related resources available, such as current member profiles, a recruitment FAQ, interviews with current members, TRP Terms of Reference, and Ethics and Conflict of Interest Procedures for TRP members. These can all be found on the TRP recruitment page.

Applicants should submit their online Application Form for Technical Review Panel Membership no later than 15 September 2015; the form can also be downloaded, and emailed to trprecruitment@devex.com.

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