



Independent observer
of the Global Fund

IN WEST AND CENTRAL AFRICA, A ROUND-UP OF CONCEPT NOTES PROJECTED FOR WINDOW 5

In West and Central Africa, countries which for the most part are low-income and facing high burdens of disease, there are gaps in diagnosis and testing, as well as treatment, that are taxing already overburdened health systems. To respond to these challenges is the need for reinvigorated efforts to improve prevention, to strengthen health systems and to increase access to services.

Reinforcing the capacity of the health system to assimilate the challenges and respond to disease is a priority in the concept notes being developed ahead of the 30 January submission deadline: the fifth of eight windows opened by the Global Fund for countries under the new funding model (NFM).

The infrastructure in many of the smaller, landlocked francophone West African states is comparatively weaker than in their anglophone neighbors, and the health system structures that require an out-of-pocket outlay by patients represent significant barriers to access. Equally, language barriers have contributed to the challenges that francophone countries in the region have found in navigating Global Fund policies and protocols.

It is for these reasons, and many others, that a number of the concept notes from francophone countries in the region that were projected to be submitted in January have ultimately been postponed. Delays can also be attributed to hold-ups in the finalizing of national strategic plans and management challenges within the country coordinating mechanism (CCM).

Below is a round-up of the current situation in the region, based on as much information as there was available. We anticipate updating this as events warrant.

Benin

Benin has delayed submission of its three concept notes until April due to reforms still under way within the country coordinating mechanism. Its NFM allocation for 2014-2017 is \$14.4 million for TB, \$86.7 million for HIV and \$62.8 million for malaria.

Burundi

Burundi is in the final stages of preparing its joint concept note for \$82.3 million in HIV funding and another \$9.5 million in TB funding, and expects to submit on 30 January. A malaria concept note for \$36.3 million is also on track for submission, but no further information will be available until after the notes are reviewed by the TRP.

Cape Verde

The West African archipelago was allocated \$5 million for HIV under the NFM and \$1.3 for its efforts to bring the number of confirmed malaria cases down from its 2013 level of 499,000 cases. Because the HIV prevalence rate is under 0.5%, the country has opted to incorporate TB-related activities into its slate of HIV interventions since there was no money specifically allocated for TB. Continuity of existing programming underpins the proposal submitted in January, and there is no acute need for additional support for health system strengthening due to the relatively robust state of the current infrastructure. Cape Verde will fulfill its responsibilities under the willingness to pay (WTP) requirement of national contribution to complement Global Fund resources, but the amount of that contribution has not been disclosed.

Côte d'Ivoire

Information about the timing of a joint HIV/TB concept note for a total \$141.4 million in funding — \$28.5 million of which was allocated to TB — was not forthcoming. The country was due to submit by 30 January.

Gabon

Gabon will integrate its HIV and TB funds — \$0.2 million and \$5.1 million respectively — to streamline costs. Delays in the development of the national strategic plan for TB are responsible for the decision to postpone submission until April. Among the vulnerable groups identified are children, TMP+ and MDR-TB patients, as well as prisoners and remote populations. Support for HSS will not exceed 11% of the allocated funds.

Gambia

Gambia is expected to submit its concept note for \$6.8 million in TB funding “soon”. No further information will be available until its review by the TRP.

Guinea-Bissau

Delays in development of the malaria concept note for \$27.4 million have postponed its submission. Concept notes for TB (\$7 million) and HIV (\$18.2) are projected for later in 2015.

Liberia

The current Ebola crisis is requiring all of Liberia’s attention and as such the country is delaying its submission of an HIV concept note for \$45.2 million and a TB concept note for \$9.6 million. Health

systems strengthening is likely to feature prominently in the slate of activities proposed in the eventual submission, expected in mid-July.

Mali

Mali has experienced delays in preparing its joint submission for HIV/TB, for an envelope totalling \$13.9 million for TB and \$110.6 million for HIV, and will postpone submission until April. Some of the delay can be attributed to slow progress in its reimbursement of funds following an [investigation](#) by the Office of the Inspector General into financial irregularities. Other delays are due to management and coordination challenges within the CCM.

In the interim, Mali is continuing with data collection to help inform its strategic decision making. Results from studies are expected in March, to provide a window on drug use in the country — on a major trafficking route through the Sahara and into Europe — as well as on the size and shape of key populations including sex workers, truck drivers, uniformed personnel and men who have sex with men.

Health systems strengthening will be a central component of the finalized concept notes, as will an emphasis on youth.

Mauritania

Concept notes for Mauritania's \$11.5 million for HIV and \$4.8 for TB are in the final stages, according to the Fund's country team. No further details are available before the concept notes are reviewed by the Technical Review Panel.

Niger

The Sahel state has postponed its submission of concept notes for the \$51.6 million allocated for TB and \$88.1 million for malaria. National strategic plans for both diseases were validated in late January, which contributed to the delay in getting started. It is anticipated that Niger will submit in April.

Togo

For Togo, a joint HIV/TB concept note submitted in October for \$52.3 million in HIV and \$8.7 million in TB funding was rejected by the TRP. Clarifications are expected in February ahead of an anticipated resubmission by April. Some of the identified weaknesses in the note submitted in 2014 included a lack of detail on how to strengthen the health system namely: information management, stock management and supply chain, and human resources.

Data collection is underway to assess the size of key populations — sex workers, men who have sex with men, and mothers and children — and to identify hot spots. Results from these surveys should be available in late February. The revised note should include new innovations in treatment for pregnant women and guidelines for increasing the minimum essential services available for key populations.

Togo has also opted to delay until April its concept note for \$52.2 million in malaria funding. One of the justifications for the delay was the need to identify all of the donors working in malaria control so as to prioritize needs and interventions.

Togo has signalled its commitment to WTP worth some \$13.6 million: 14.6% of its NFM allocation.

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