



Independent observer
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SOME HICCUPS BUT MOSTLY SMOOTH SAILING FOR LATIN AMERICA AND CARIBBEAN UNDER NFM

Countries from Latin America and the Caribbean have submitted six concept notes under the new funding model (NFM) as of end-September, with another eight expected in the October submission window, according to a calendar shared with Aidspan.

Three of the first six notes submitted were returned following a review by the Technical Review Panel; the revisions are expected to be completed in time to catch the November TRP window.

A reprogramming of funds to support Guyana's HIV program was approved, as was a Cuban concept note for HIV. Grantmaking for this disease component is expected by the end of the year, according to the Secretariat's LAC regional manager Silvio Martinelli.

Haiti, which in June submitted a joint concept note for HIV and TB, was asked by the TRP to revisit its proposal and pay more attention to the relationship between the two diseases and ensure better connectivity of programs. To support the region's poorest nation, which suffers from the highest burden of disease for HIV, TB and malaria, technical assistance will be provided by France, the United States through its PEPFAR vehicle and the Pan-American Health Organization (PAHO). Haiti is also scheduled to participate in a mock TRP for francophone countries prior to the November submission window. The mock TRP is not a Global Fund-supported event but coordinated by technical partners.

Paraguay has also been asked to resubmit its HIV concept note in November.

Three new regional programs have also been asked to submit concept notes in February 2015, among the handful of expressions of interest that were picked from more than 40 submitted in April.

The regional candidates include a network of transgender people, REDLACTRANS; the International Coalition of Women (ICW-Latina) and an HIV program within the Caribbean Community (CARICOM) called PANCAP.

PANCAP's submission would support the continuation of existing regional activities.

LAC's relatively modest share of the \$14.67 billion allocated for the period 2014-2017 does not mean that it cannot be a regional leader in best practice, insisted Martinelli. For example, Panama is submitting a joint proposal for HIV and TB in October, based on a recommendation from the Secretariat. The high level of transaction costs incurred by engaging two principal recipients means that money that could be going to activities was being swallowed by administration. As a country with a small allocation (a total of \$7.9 million) and high capacity, Panama could provide a way forward for other countries in a similar situation, he said.

Sticking points for some of the countries entering and going through the NFM process caused some delays in submission, Martinelli noted. "We were going to have seven [concept notes] submitted in July and went down to three. We had two big meetings to help develop roadmaps to get the concept notes underway, but some have found the process more difficult than anticipated."

Challenges identified in a survey of CCMs from the region included hiccups with the new technology and the online submission requirements. Other challenges included integrating the new requirements for eligibility for CCM members including the participation of key populations, particularly for malaria.

Data collection and analysis also gave some countries more trouble than others; Paraguay's resubmission is predicated on a lack of solid data to justify the prospective interventions. Some technical assistance and workshops are forthcoming, in order to assist in focusing interventions on 'hot spots', mapping and population size estimates.

"The old system did not put so much focus on evidence and data on key populations and hotspots; the new system requires this much more," said Martinelli.

Overall, according to Martinelli, there is general satisfaction with the allocations as there is a "good correlation between income level and burden [in the region] for the most part".

Most discussions now center on sustainability of programming beyond the life of Global Fund grants. "Discussions about elimination are more and more common, particularly for malaria; we are also moving towards EMTCT (elimination of mother-to-child transmission of HIV), and in a couple of countries TB elimination is also starting to be in sight," he said.

Much of this can be attributable to the fact that Global Fund resources represent a small contribution to the national budget. Most country governments pay for medicines in full or for a great part, so where the Global Fund can be most useful in the region is in helping to draw attention to key populations, which are normally politically unattractive, un-funded and shunted aside in society and in the government budget.

"It's a scenario where, in less than 10 years, hopefully, all other regions can find themselves at least in the same position," he said. "In most countries, the percentage [of domestic financing] is already met, so what we are trying to do is to get them to do a little bit more, to get more engaged and impactful in the response: especially the politically unattractive part of the response."

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