

**GF/B31/o8B**

**Board Decision**

## **REGIONAL PROGRAMS**

**PURPOSE:** The purpose of this paper is to present to the Board an overall funding request for regional programs, recognizing that these are not funded through allocations to Country Bands.

## **PART 1: INTRODUCTION**

1.1 As part of the development of the new funding model (NFM), The Global Fund Board, at its Twenty-Seventh meeting, decided that it could “choose to allocate up to ten percent of all available funding for programs, activities and strategic investments not adequately accommodated through the distribution of funding to the Country Bands” (GF/B27/DP7 Annex 1, Section 2).

1.2 Through discussions at the 8th, 9th and 10th SIIC Meetings, the SIIC has helped the Secretariat to define those programs, activities and strategic investments as special initiatives and regional programs for Board consideration. This paper presents an overall request for funding for regional programs, reviewed by the SIIC and put forth in the Decision Point below.

### Regional Programs

1.3 In order to clarify the distinction between regional programs and multi-country programs, the SIIC has endorsed the following operational definitions provided by the Secretariat for regional and multi-country applications:

**Regional Application:** An application from a group of countries within the same geographic region aimed at addressing common issues requiring cross-border interventions (e.g. harm reduction, advocacy and policy, drug resistance, etc.) that are strategically focused and demonstrate a strong potential for high impact in the fight against the three diseases. Typically these will only include activities and interventions that cannot be funded effectively through a country allocation due to their inherently regional nature.

**Multi-country Application:** A combined application from small island economies and/or other small countries that typically would not apply as individual countries due to inherent administrative inefficiencies. A multi-country application would be submitted by a Regional Coordinating Mechanism<sup>1</sup>.

1.4 In relation to small islands or other small countries with total populations of less than one million and/or countries which will receive a pre-defined indicative funding ceiling, the Secretariat may require combined applications from a common geographical, economic grouping with similar epidemiology in order to facilitate more effective and efficient program management.

### *Funding for New Regional Programs*

1.5 Applications for regional programs will need to demonstrate that they are strategically focused and demonstrate a strong potential for high impact in the fight against the three diseases. These applications may be complementary and additional to single country grants; they typically will only include activities and interventions that cannot be funded effectively through a country allocation due to their inherently regional nature.

1.6 In recognition that regional applicants cannot necessarily be identified upfront and that these applications will typically include countries that straddle different Country Bands<sup>2</sup>, funding outside of the Bands must be provided.

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<sup>1</sup> For example: Multi-country Western Pacific: Kiribati, Marshall Islands, Micronesia (FS), Samoa, Palau, Tuvalu, Tonga, Vanuatu, Cook Islands, Nauru, Niue.

<sup>2</sup> Of the 37 countries included in the currently active HIV regional proposals in Asia and Africa 16 are in Band 1, 3 in Band 2, 13 in Band 3 and 4 in Band 4 (with 1 country being ineligible). Of the 49 countries included in the

1.7 In discussions with partners and civil society, the Secretariat has noted that there is likely to be a high demand for strategically focused regional applications in order to affect a shift in disease trends/epidemiology.

1.8 Based on analysis of historical demand on regional initiatives<sup>3</sup>, and on the anticipated forecast for new strategic regional initiatives, the SIIC recommends that US\$ 200 million be reserved for new regional programs.

#### *Differentiated Application Process for Regional Programs*

1.9 The Secretariat has issued initial guidance on regional applications<sup>4</sup> that describes a two-step process. All regional applications, including applications from currently funded regional grants, will follow a two-step application process. The first step will require interested applicants to submit an Expression of Interest that includes key information on the goals and objectives of the regional initiative, expected impact and outcomes, as well as a rationale for a regional rather than country-level approach (which is part of the eligibility criteria).

1.10 The Secretariat, through the Grant Approvals Committee (GAC), will review all Expressions of Interest and assess whether all applicable eligibility and regional requirements are met, as well as review the strategic focus of the request. The Technical Review Panel may also be asked to assess these. Only eligible and strategically focused applicants will receive an invitation to submit a concept note and be allocated an indicative funding amount.

1.11 The concept note review and approval process remains the same as for single-country applicants.

1.12 In order to proactively identify potential regional initiatives the Secretariat will continue to work with partners, civil society and key populations networks.

#### *Funding for Multi-Country Applications*

1.13 Multi-country grants to date have typically financed national responses and for the most part constituent countries that do not have separate national grants<sup>5</sup>. Funding for these types of grants should therefore derive from individual country allocations, i.e., through the sum of all individual allocations of eligible countries participating in the multi-country grant.

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currently active HIV regional proposals in Latin America & the Caribbean 2 are in Band 1, 3 in Band 2, 2 in Band 3 and 31 in Band 4 (with 11 ineligible countries).

<sup>3</sup> Funding for regional grants for Rounds 8-10 accounted for about 1.4 percent (approximately US\$ 165 million on a 3-yearly basis calculated as 3/5 of the 5-year Board approved amounts) of the Global Fund Board approved amounts.

<sup>4</sup> [http://www.theglobalfund.org/documents/core/newfundingmodel/Core\\_2013-11-21-RegionalApplications\\_InitialGuidanceNote\\_en/](http://www.theglobalfund.org/documents/core/newfundingmodel/Core_2013-11-21-RegionalApplications_InitialGuidanceNote_en/)

<sup>5</sup> There are currently only three active multi-country grants in the portfolio and they are all in the Western Pacific region: Round 5/RCC II malaria: Solomon Islands and Vanuatu; Round 7 TB (extended through TFM): Cook Islands, Kiribati, Marshall Islands, Micronesia (Federated States), Nauru, Niue, Palau, Samoa, Tonga, Tuvalu and Vanuatu and Round 7 HIV (interim funding extension: Cook Islands, Marshall Islands, Micronesia (Federated States), Kiribati, Nauru, Niue, Palau, Samoa, Tonga, Tuvalu and Vanuatu. The Solomon Islands receives only antiretroviral (ARV) treatment under the program. With the exception of the Solomon Islands, which has a Round 8 tuberculosis grant, none of the countries included in these multi-country grants have a single country grant.

## **PART 2: DECISION**

### **Regional Programs**

2.1 Based on the analysis and discussion provided above, the following decision point is recommended by SIIC to the Board for approval:

#### **Decision Point: GF/B31/DP07**

- 1. The Board notes that a portion of sources of funds may be excluded from the allocation to Country Bands for future utilization towards investments that are not adequately accommodated through the allocation of resources to Country Bands (Annex 1 to GF/B27/DP7).**
- 2. Based on the recommendation of the Strategy, Investment and Impact Committee, as set forth in GF/B31/o8B, the Board:**
  - a. Decides that USD 200 million will be available for new Regional Programs over the 2014 – 2016 allocation period;**
  - b. Recognizes that Regional Programs will be presented to the Board for funding approval throughout the 2014 – 2016 allocation period; and**
  - c. Acknowledges funding applications that are submitted by a group of small island economies or other small countries that typically would not apply as individual countries due to inherent administrative inefficiencies (the “Multi-Country Applications”) will be funded from amounts allocated to the individual disease components participating in each Multi-Country Application.**