

Thirty-Second Board Meeting

Update on the Implementation of the New Funding Model

Mark Edington / Abigail Moreland

GF/B32/09

Montreux, Switzerland

20-21 November 2014

Agenda

- 1 Status of NFM implementation**
 - 2 Strategic Objectives update
 - 3 Potential areas of NFM policy changes
 - 4 Outcomes of Regional Expression of Interest process
 - 5 Special Initiatives
-

In summary...

a

The peak of activity in the access to funding process is expected in Q4 2014 and Q1 2015

112 new concept notes will be reviewed in 2014, representing over half of the total allocation (or US\$ 8.4 billion)

b

As of the third TRP / GAC review window, 31% of allocated funds had been approved for grant making

82% of concept notes reviewed by TRP are now in grant making, a higher approval rate happening more rapidly (2.7 months versus 3.5+ months)

c

GAC is actively tracking key operational and policy issues through its review to inform SIIC deliberations and learnings for applicants

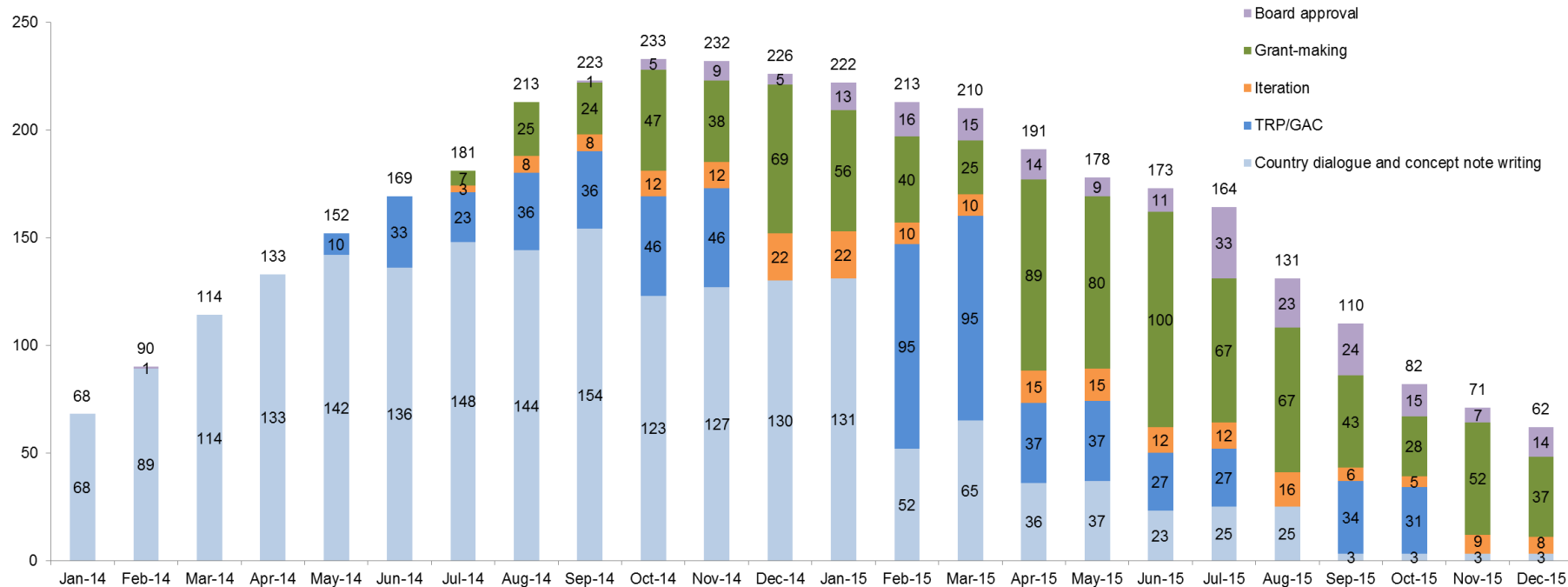
d

Global Fund has jointly agreed with the TRP on the approach to award Unfunded Quality Demand

Peak of activity happening during Q4 2014 and Q1 2015

Phase of concept notes by months

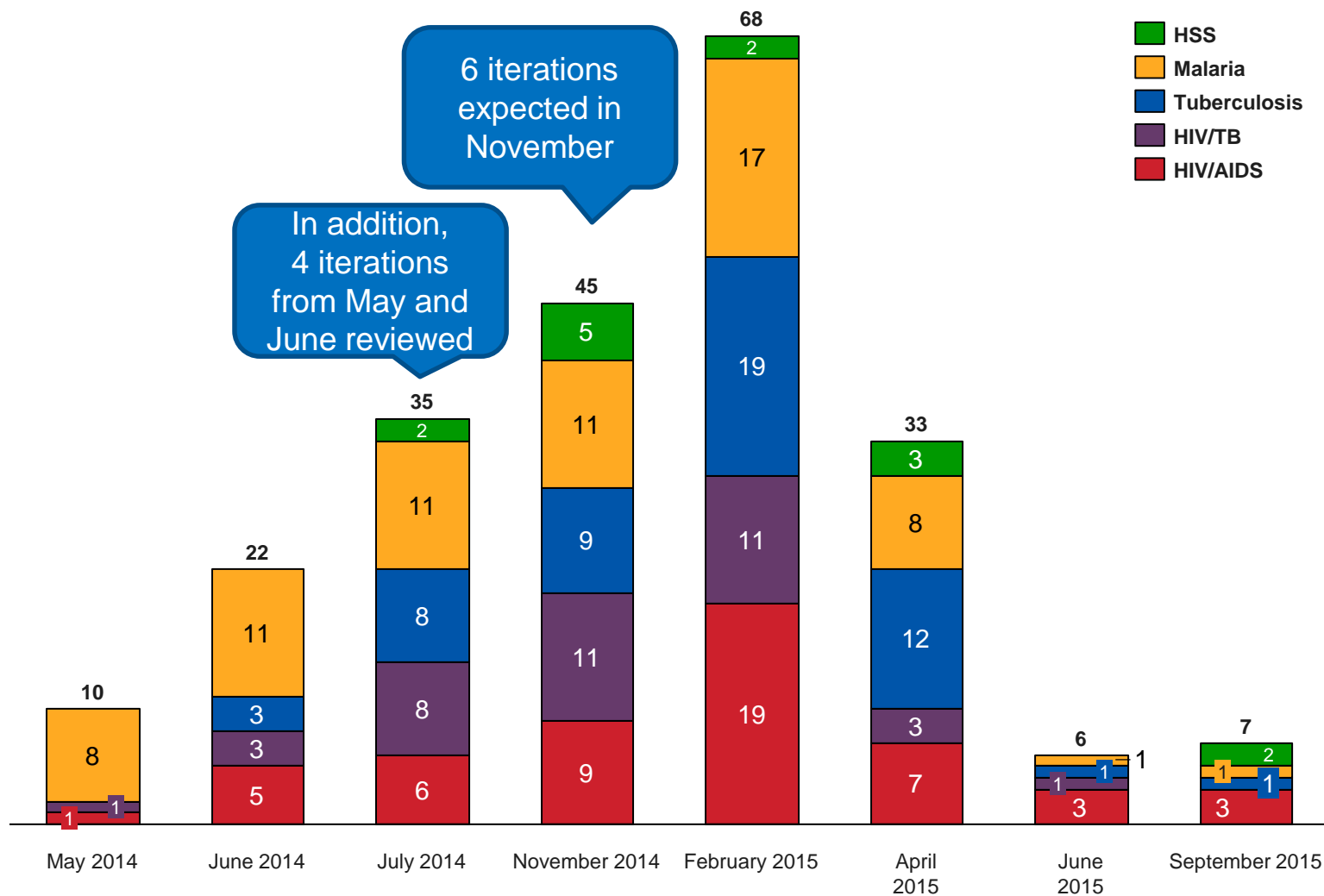
Number of components



- The chart above is an estimation based on information available as of 15 October, 2014.
- The grant-making phase of CNs are estimates between 2-6 months (average = 3.5 months). Actual grant-making duration may be different.
- Where iteration actuals are unavailable, it is assumed that 20% of CNs from a review window will undergo iteration.
- 16 Regional applications expected in Window 5 → 10 expected to progress. 10 Regional applications expected in Window 8 → 10 expected to progress.
- Assumption: Grant Signing is immediately after Board Approval.

Source: Access to Funding Database

112 of 260 (43%) new concept notes reviewed in 2014...

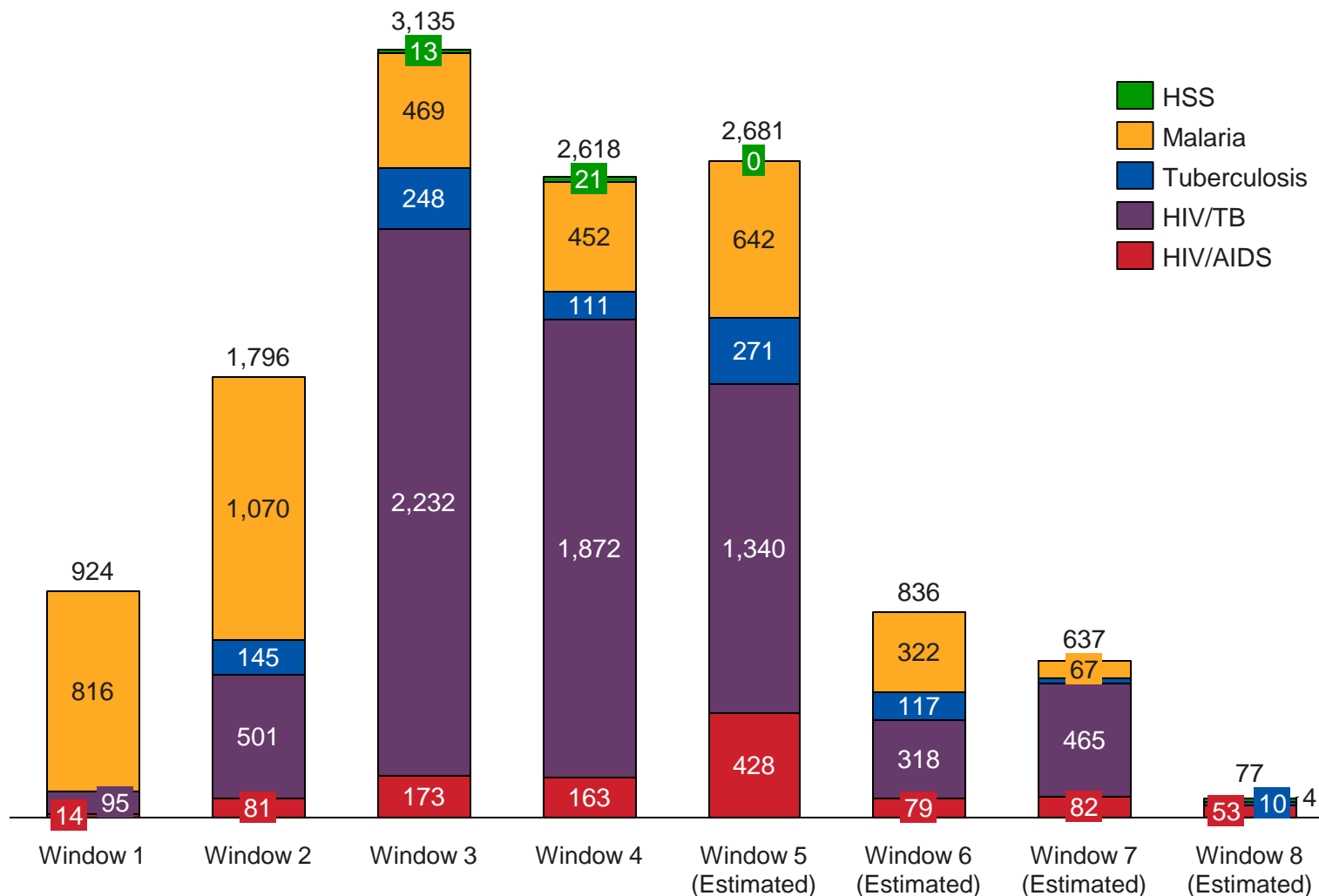


* Exact number will depend on number of regional concept notes which are not currently included

Source: Access to Funding Database

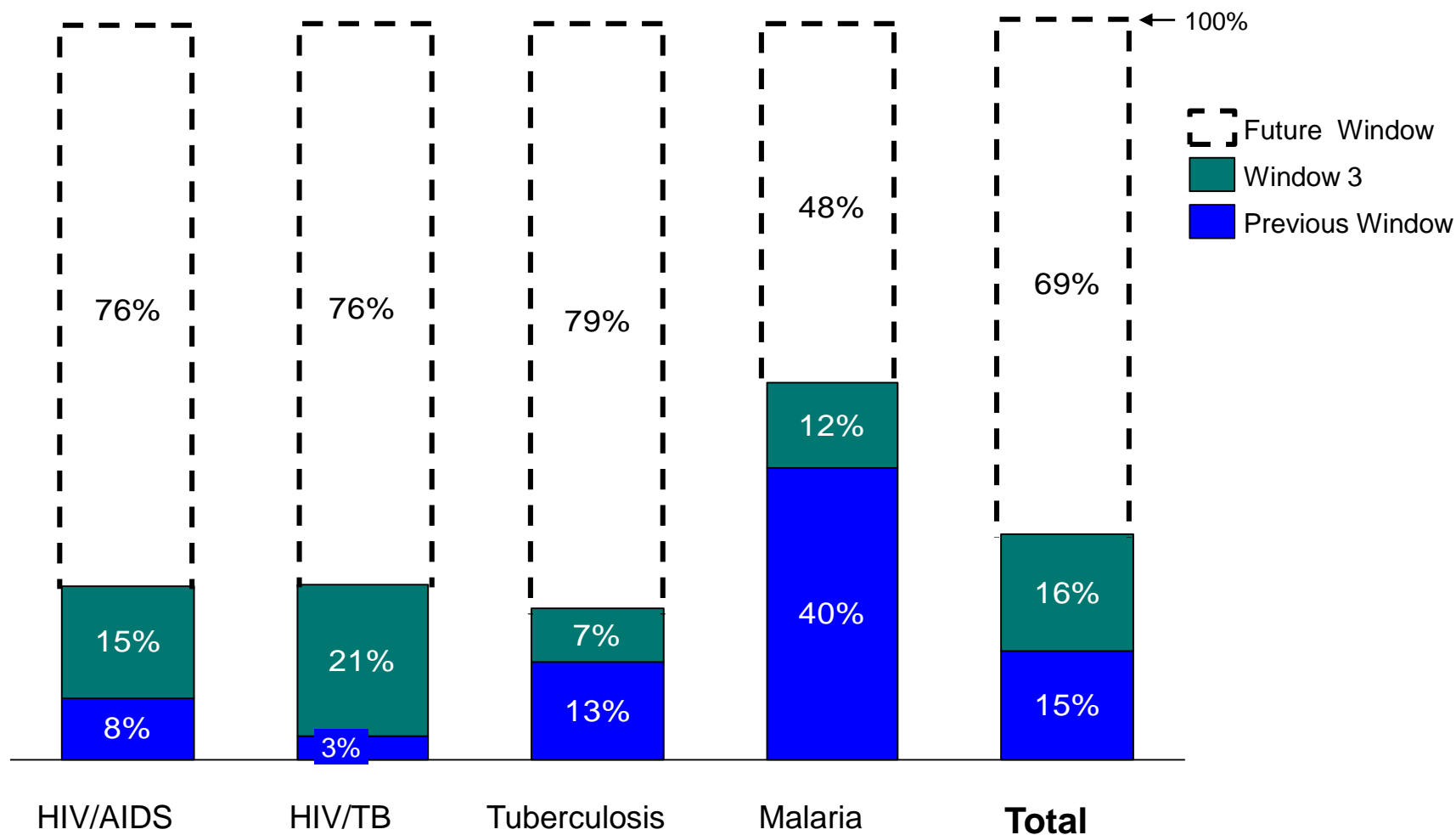
... representing 57% of allocation (US\$ 8.4 billion)

All figures in US\$ Millions



Source: Access to Funding Database

By Window 3, applicant representing 31% of the allocated funding are in grant making



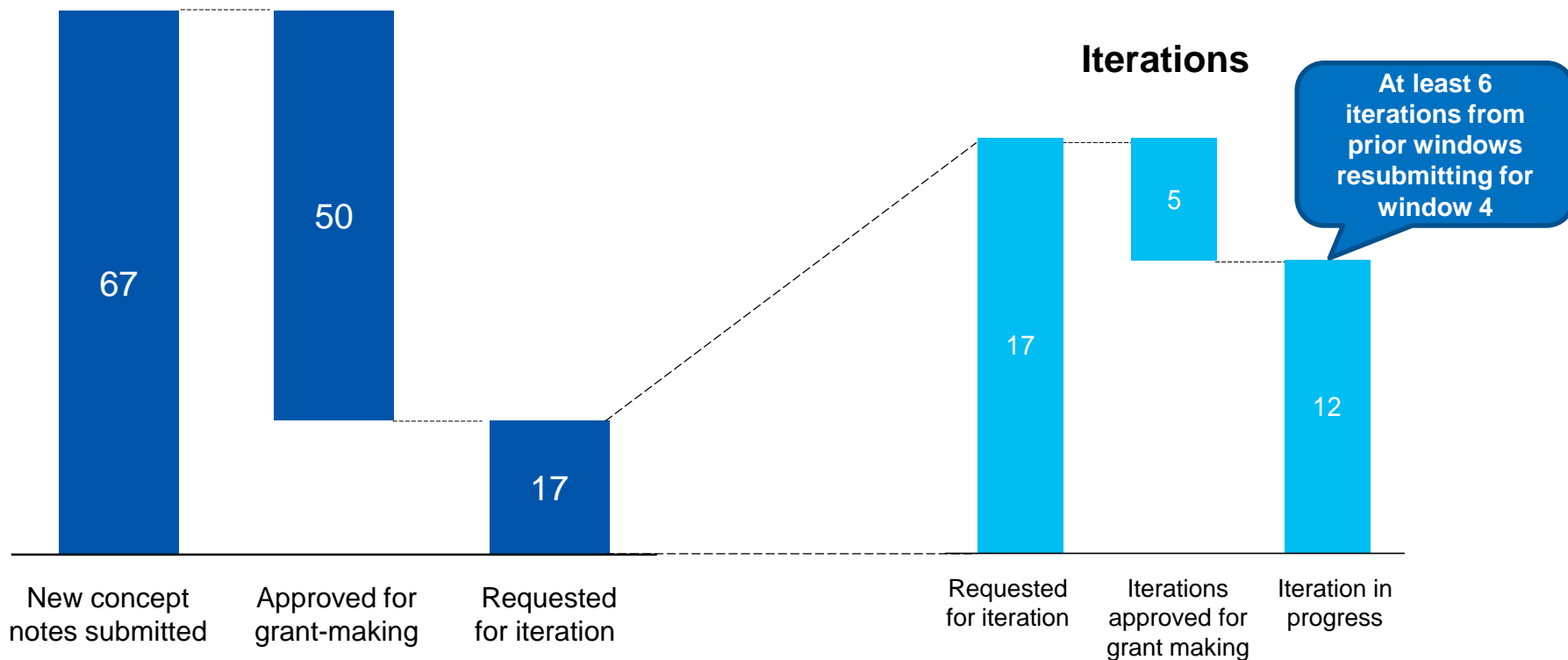
100% denotes the total allocation for the disease

Source: Access to Funding Database

67 concept notes reviewed in first 3 windows

82% currently in grant making and 18% working on iterations

Summary of review outcomes

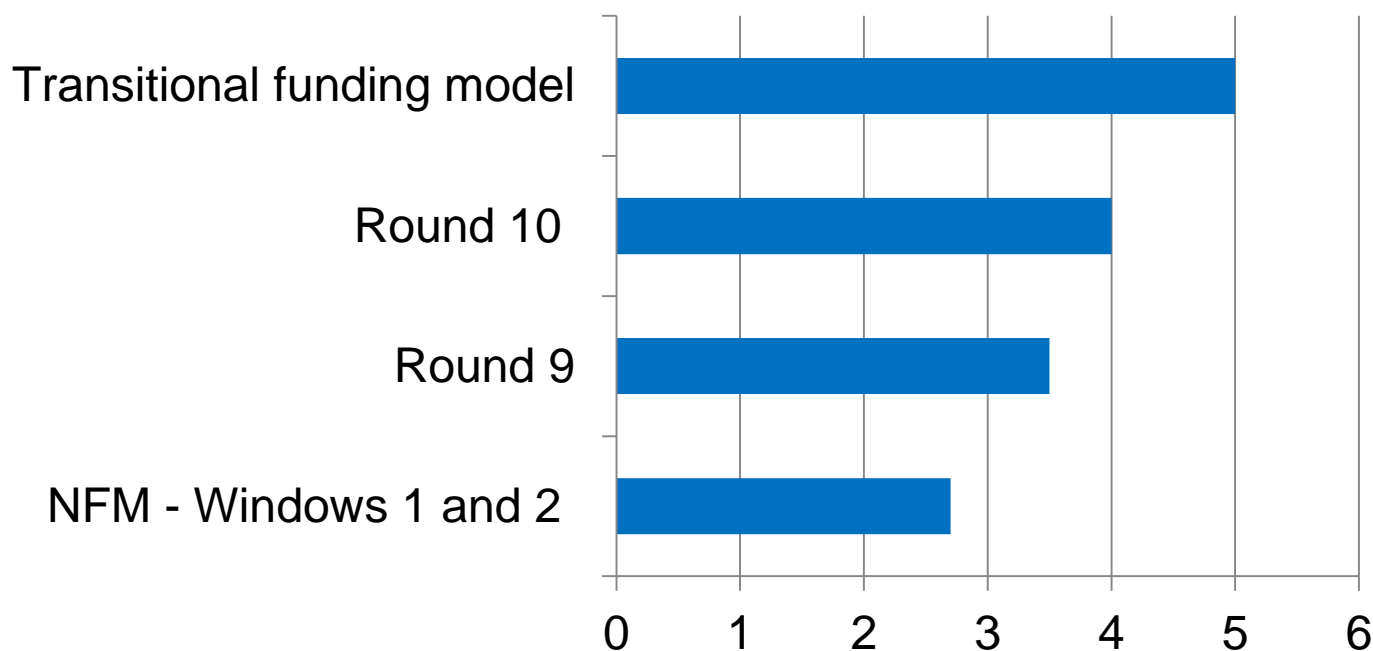


Note: Includes regional concept notes. Sudan submitted single concept note for all disease.

Source: Access to Funding Database

Global Fund has reduced the review time from final concept note submission to communication of review outcomes

**Duration from Submission of CN till the communication of the outcome:
Present v/s Past**



Source: Access to Funding Database

Issues highlighted by TRP and GAC (1/2)

Financial issues

- **Best available price for procurement** – PR should match or get lower prices, or use PPM
- **Follow up tracking of burn rates** especially for countries that are supposed to be ramping down (to avoid drop offs) – considering procurement schedules
- **Significant increase in cost of IRS related to switching to organophosphates**, to address insecticide resistance, is driving up burn rates – analysis to better understand scale and impact across the portfolio (*June Window – Zimbabwe*).

Domestic commitments

- **Tracking domestic contributions per window** – monitoring fulfillment of conditional awards for Incentive Funding; and key dependencies between Global Fund investments with government contributions (e.g. with LLINs campaign), with special focus on Nigeria, DRC and Cameroon
- What to do **when commitments are not met** (e.g., Cameroon Malaria 2014 LLIN mass campaign) and how to mitigate against this
- Whether the areas of investment of domestic resources should be scrutinized to ensure focus on the highest impact interventions.

Issues highlighted by TRP and GAC (2/2)

Development continuum

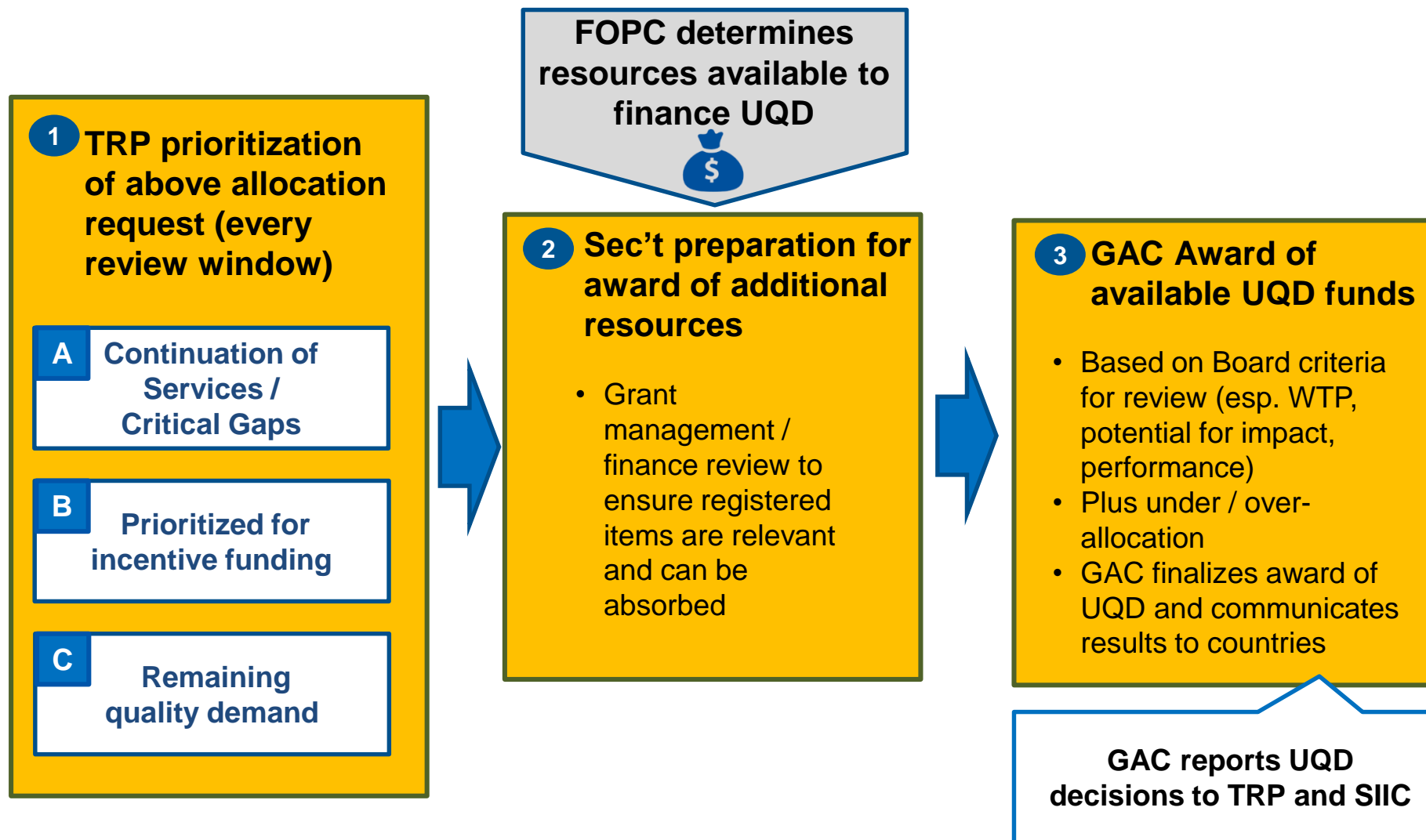
- **Ongoing learning and documentation of Thailand transition planning** – case study to inform policy; public recognition; sharing lessons learned
- **Differentiated review and support process for fragile states** –
 - Difficulties in fragile states (e.g. Somalia) including system challenges and inability to get outcome indicators, etc.
 - Lessons learned from CAR malaria grant which focused on limited programmatic interventions (e.g. LLINs campaign and case management to accessible facilities; recognizing collection of impact data and HSS would not be feasible during the peaks of conflict).

Strategic investment

- **Weaknesses in data availability / country data systems** – connect countries to Special Initiative on Country Data System
- **Synergies with regional Eols** – e.g. TB reforms in EECA, cross-border Eols
- **Funding Hepatitis C** – policy decision on Global Fund mandate to fund
- **Malaria control and elimination across borders** – critical to move towards pre-elimination and elimination
- **Impact of scaling back World Bank share in funding for LLIN** – e.g. DRC / Nigeria

Process to award UQD funds

Following determination of additional resources



Agenda

- 1 Status of NFM implementation
 - 2 Strategic Objectives update**
 - 3 Potential areas of NFM policy changes
 - 4 Outcomes of Regional Expression of Interest process
 - 5 Special Initiatives
-

Global Fund Strategy 2012-2016: Strategic objectives

1. Invest more strategically	2. Evolve the funding model	3. Actively support grant implementation success	4. Promote and protect human rights	5. Sustain the gains, mobilize resources
<p>1.1 Focus on the highest-impact countries, interventions and populations while keeping the Global Fund global</p> <p>1.2 Fund based on national strategies and through national systems</p> <p>1.3 Maximize the impact of Global Fund investments on strengthening health systems</p> <p>1.4 Maximize the impact of Global Fund investments on improving the health of mothers and children</p>	<p>2.1 Replace the rounds system with a more flexible and effective model</p> <ul style="list-style-type: none"> • Iterative, dialogue-based application • Early preparation of implementation • More flexible, predictable funding opportunities <p>2.2 Facilitate the strategic refocusing of existing investments</p>	<p>3.1 Actively manage grants based on impact, value for money and risk</p> <p>3.2 Enhance the quality and efficiency of grant implementation</p> <p>3.3 Make partnerships work to improve grant implementation</p>	<p>4.1 Integrate human rights considerations throughout the grant cycle</p> <p>4.2 Increase investments in programs that address human rights-related barriers to access</p> <p>4.3 Ensure that the Global Fund does not support programs that infringe human rights</p>	<p>5.1 Increase the sustainability of Global Fund-supported programs</p> <p>5.2 Attract additional funding from current and new sources</p>

In summary, TRP and applicants provided positive feedback on elements of Strategic Objectives...

1 Strategic Objective 1: Positive reports from applicants and TRP that concept notes based on NSPs (90% / 100% respectively), aligned with epidemiological data (90% / 84%), and focusing on key populations (83% / 75%)

TRP and applicants note that work is needed to better embed HSS and RMNCH

2 Strategic Objective 2: Positive indications that new funding model is an improvement over the rounds-based system (77% applicants agreed) and that country dialogue is an open, inclusive process in most countries (85% agreed)

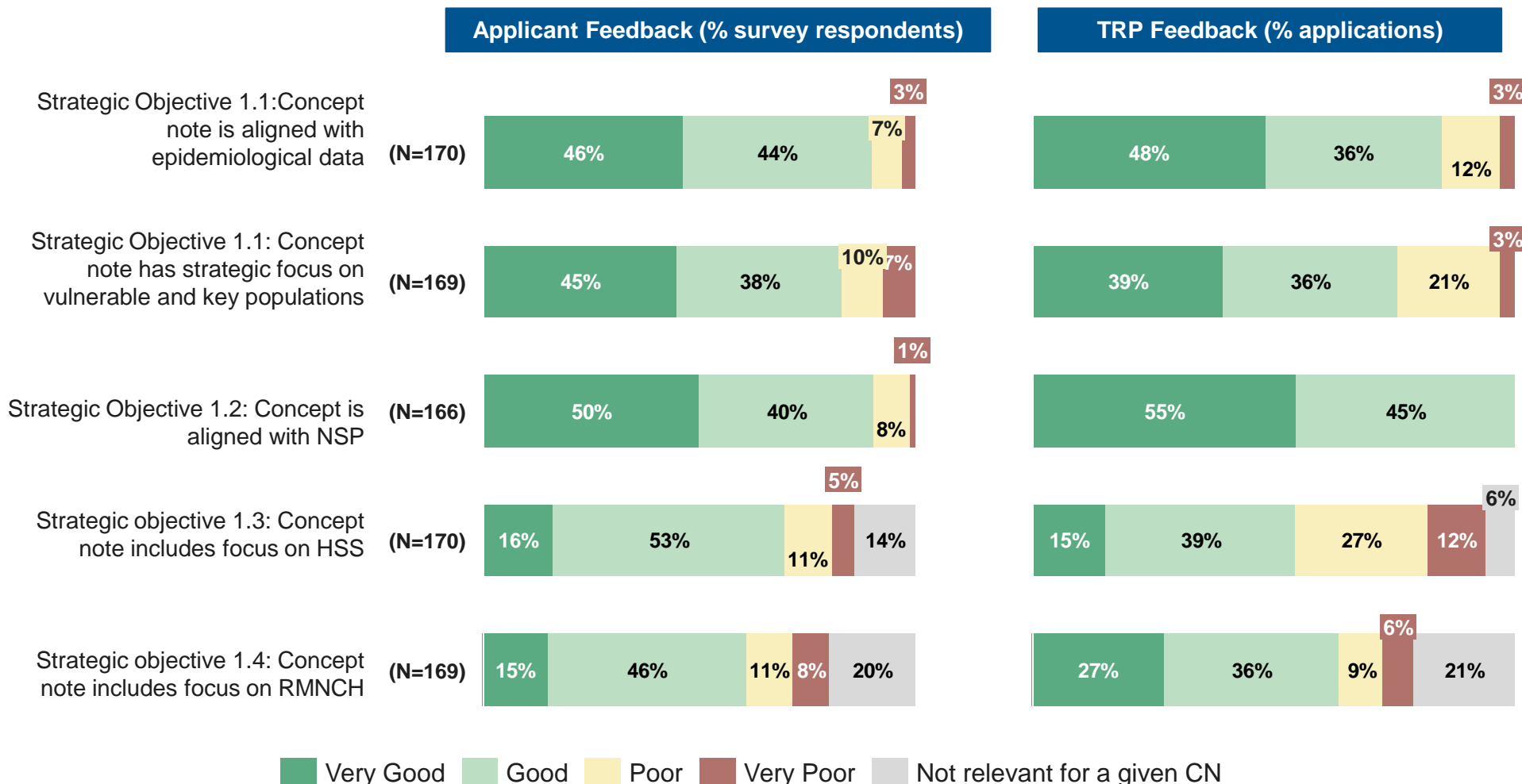
3 Strategic Objective 3: Positive involvement of country teams reported, with approximately 90% of applicants agreeing

4 Strategic Objective 4: Some challenges observed by the TRP in integrating human rights and gender into concept notes (note: most are for malaria)

5 Strategic Objective 5: Strong progress with over \$2.8 billion additional domestic contributions committed to the 3 diseases and HSS for next period

Strategic Objective 1: Invest more strategically

Good alignment between TRP and applicants on strategic investments



Sources: 1) Applicant survey on country dialogue and CN development, 2) TRP survey on quality of CN

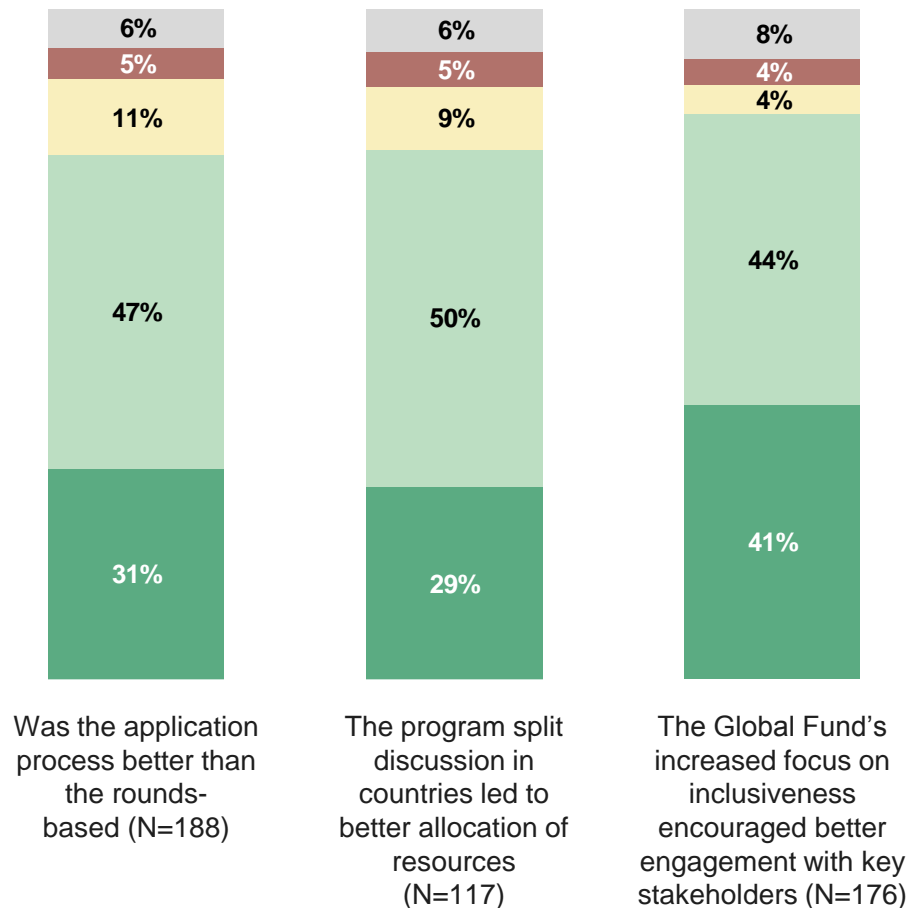
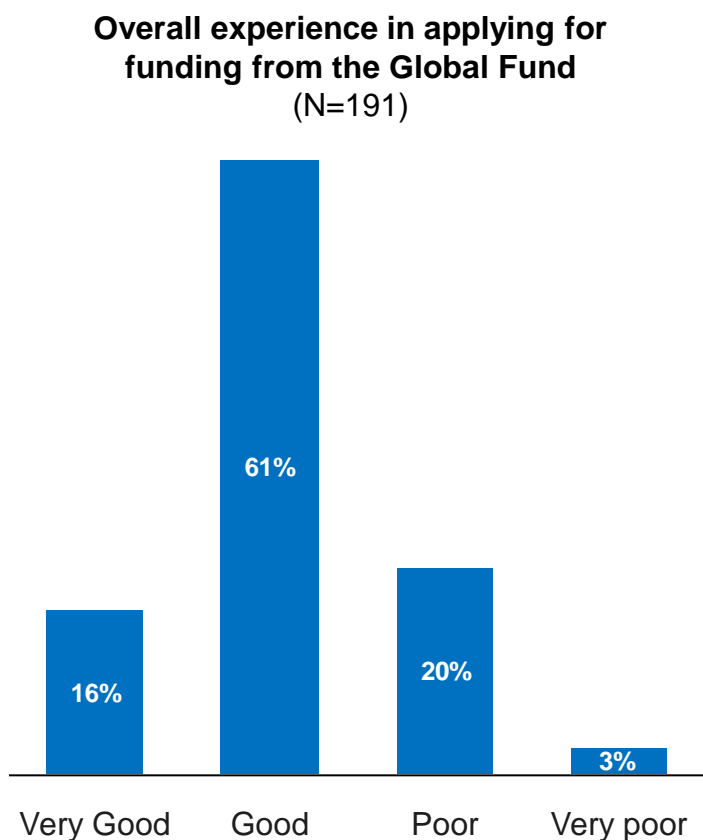
Strategic Objective 1: Invest more strategically

Update on HSS in first three windows

- **Despite competing needs, HSS is being allocated, particularly in Band 1 countries**
 - In the program splits, countries have allocated 6% of their total allocation to HSS. 88% of this has been requested by Band 1 countries
 - Reflected in requests for HSS in modular template (5.4% of total requests)
- **In first window, few countries requested HSS as limited time to do HSS gap analyses; windows 2 & 3 had more HSS requests**
 - Requests despite high needs from disease components, lack of HSS representatives on CCMs, and slow roll-out of TA from partners
- **All HSS requests embedded in disease concept notes so far**
 - Requests focused on procurement and supply chain management, health information and human resources
- **Demand is expected to increase; five HSS concept notes expected in window 4, and another two in window 5 (February)**

Strategic Objective 2: Evolve the funding model

77% of participants found new funding model an improvement

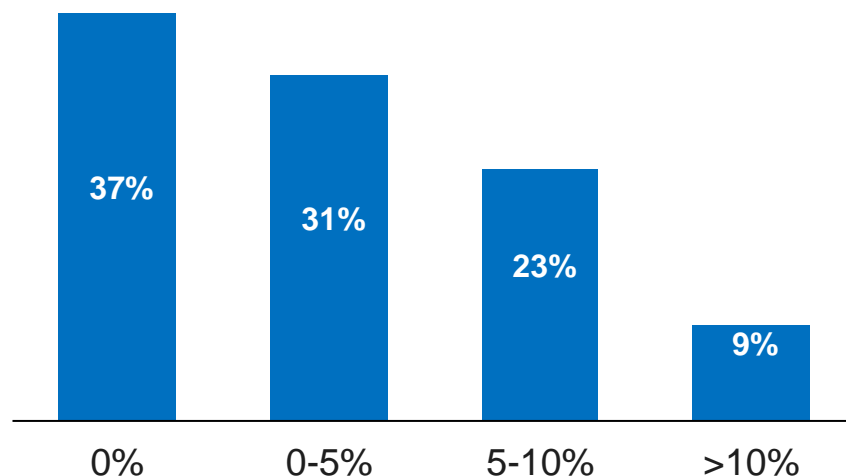


Source: Applicant survey on country dialogue and concept note development

Strategic Objective 2: Evolve the funding model

Many countries altering program split, but changes are small

Summary of program split decision in windows 1 and 2



Key observations from windows 1 and 2

- More than 60 percent of the countries proposed a different program split
- 6 out of the 10 countries that changed their split, re-allocated funds across disease components
- Remaining changes due to allocation to cross-cutting HSS

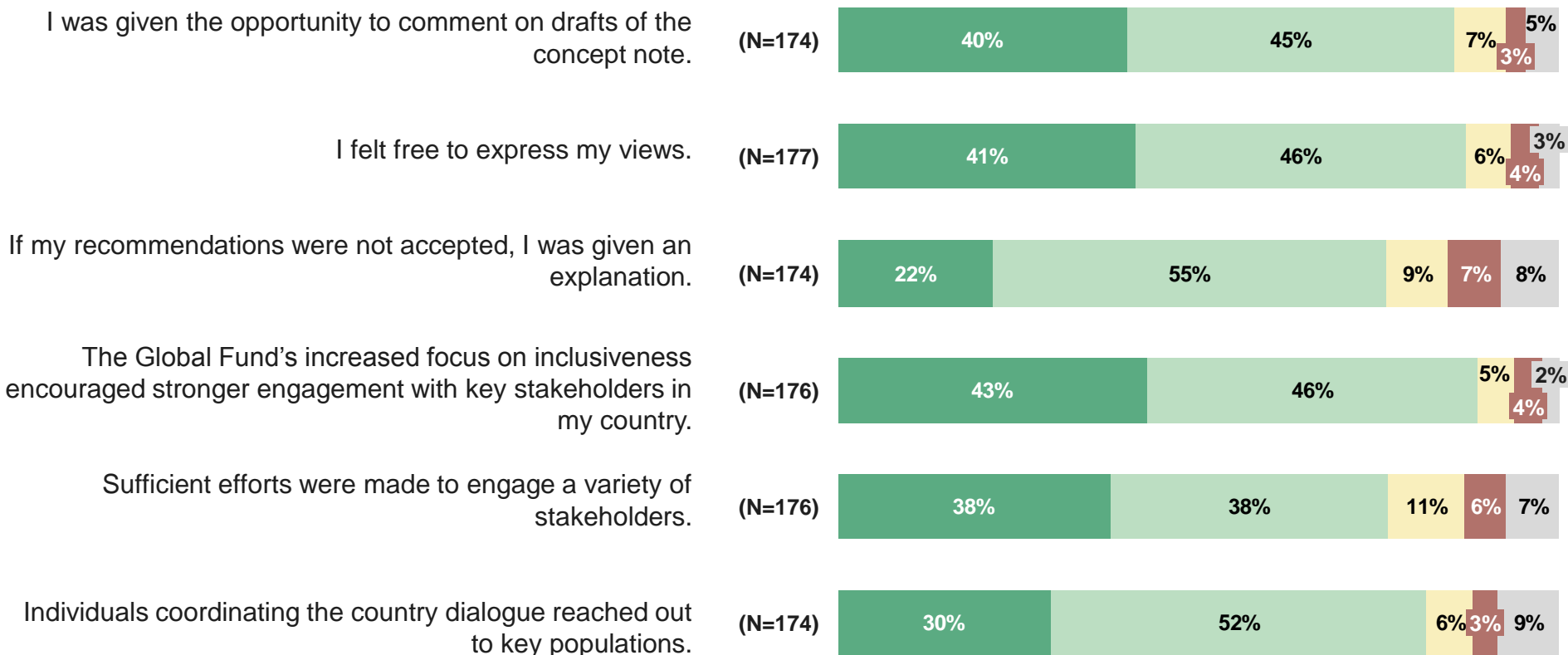
Source: Grant Management Platform (salesforce)

Strategic Objective 2: Evolve the funding model

In general, applicants felt the country dialogue was meaningful

Criteria

Applicant feedback

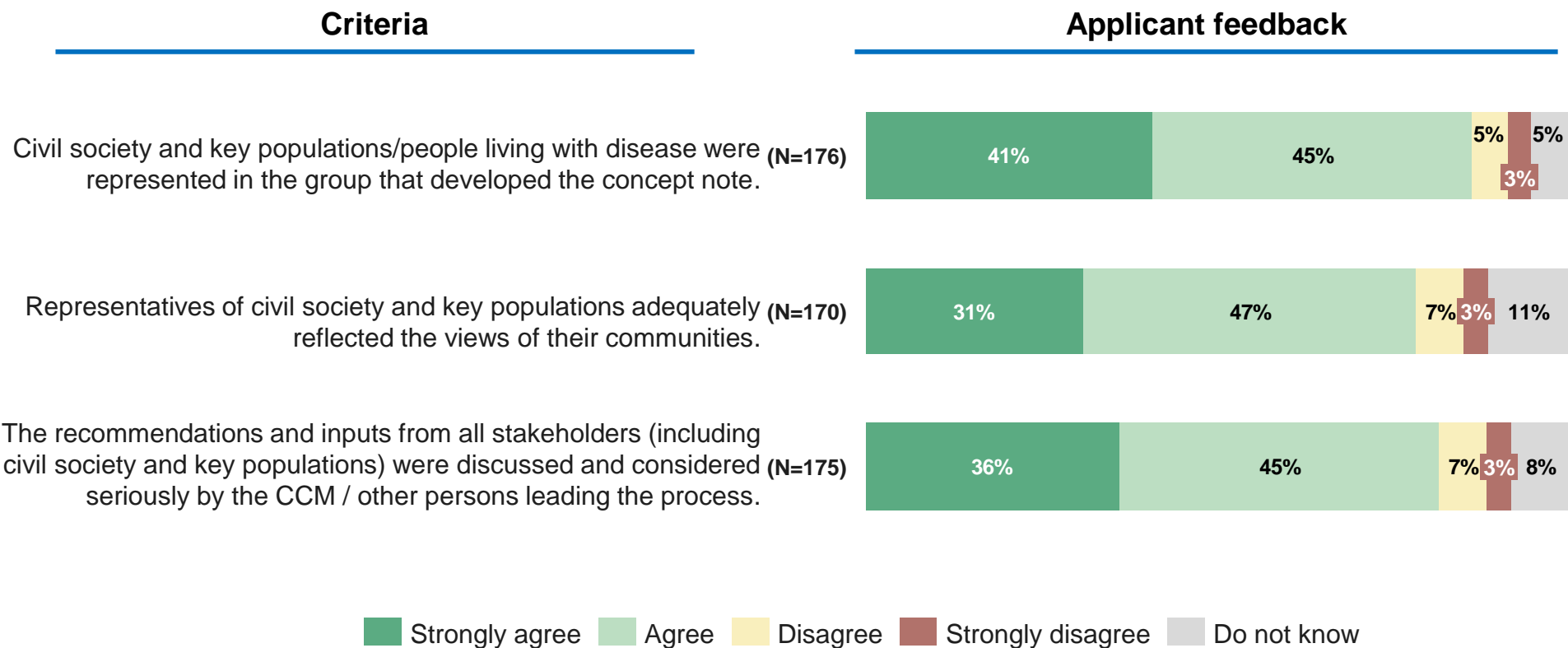


Strongly agree Agree Disagree Strongly disagree Do not know

Source: Applicant survey on country dialogue and concept note development

Strategic Objective 2: Evolve the funding model

The applicants found the country dialogue to be inclusive



Source: Applicant survey on country dialogue and concept note development

Strategic Objective 3: Support grant implementation success

Country team involvement very positively received by applicants

The country team played a helpful role in:

Applicant feedback

Supporting the country dialogue and concept note preparation process.

(N=192)



The inclusiveness of the country dialogue process.

(N=176)



The program split process.

(N=117)



The counterpart financing and willingness-to-pay discussions.

(N=128)

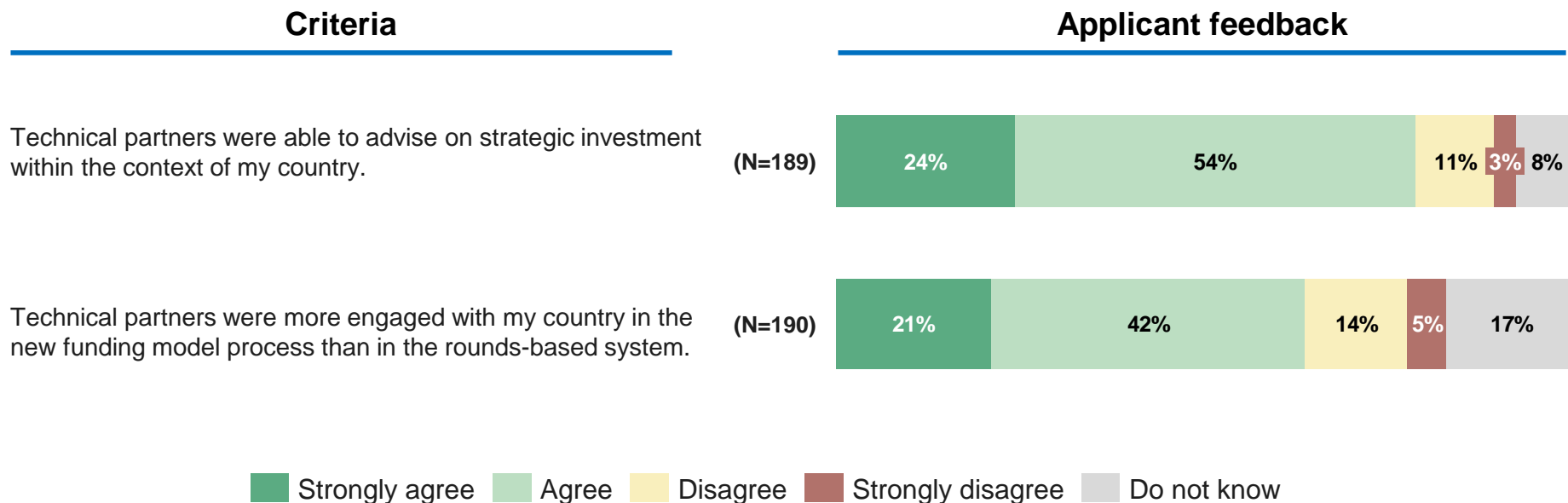


Strongly agree Agree Disagree Strongly disagree Do not know

Source: Applicant survey on country dialogue and concept note development

Strategic Objective 3: Support grant implementation success

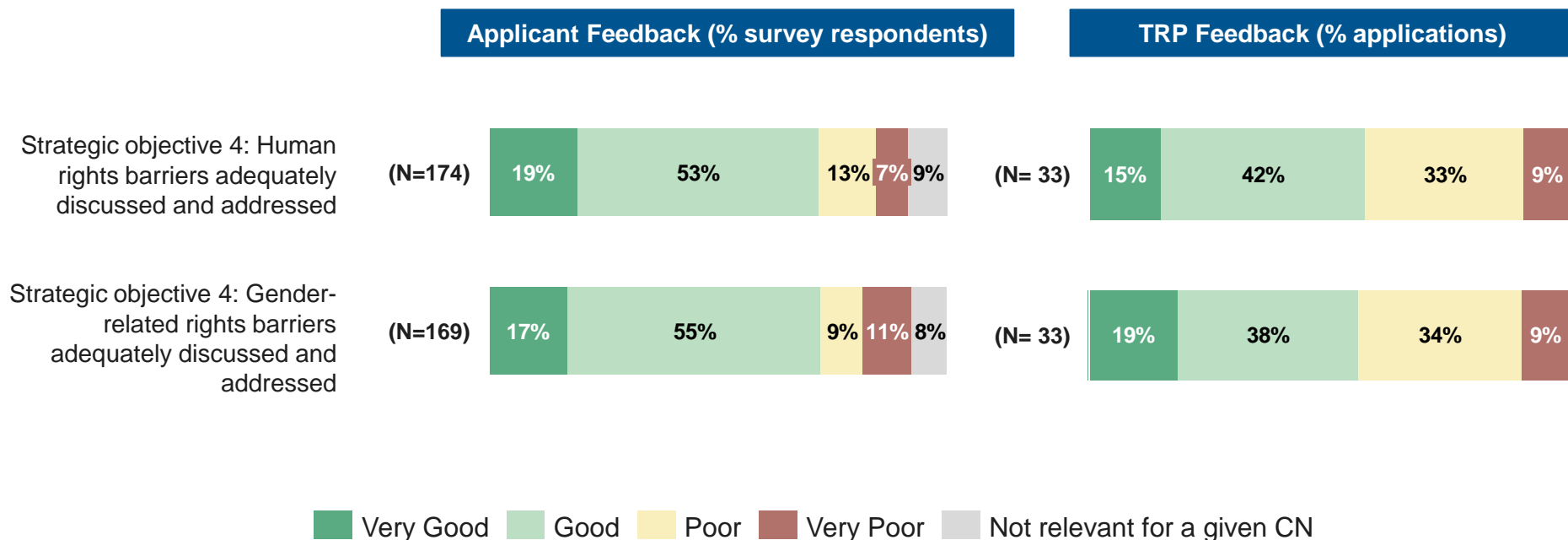
Applicants found technical partner assistance helpful



Source: Applicant survey on country dialogue and concept note development

Strategic Objective 4: Promote and protect human rights

Applicants working to address human rights and gender

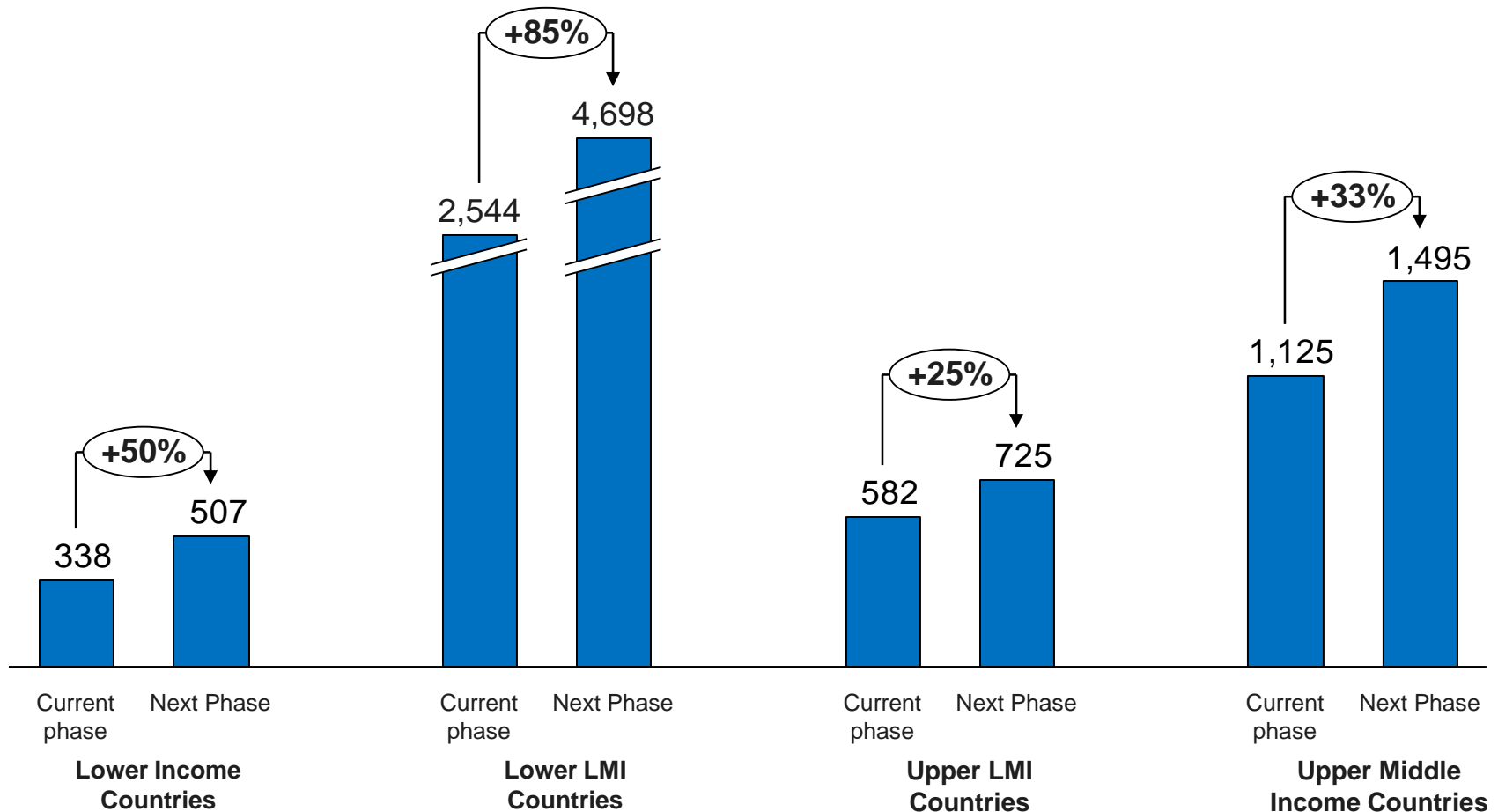


Sources: 1) Applicant survey on country dialogue and CN development, 2) TRP survey on quality of CN

Strategic objective 5: Sustain gains, mobilize resources

An additional US\$ 2,840 million committed by countries in window 1-3

**Funds committed current vs. next phase
by income category (US\$ millions) for window 1-3**



Agenda

- 1 Status of NFM implementation
 - 2 Strategic Objectives update
 - 3 Potential areas of NFM policy changes**
 - 4 Outcomes of Regional Expression of Interest process
 - 5 Special Initiatives
-

New funding model roll-out has highlighted areas where policy changes could be considered...

Incentive Funding

- **Strategic investments:** Weaker strategic decision-making by CCMs requesting incentive funding
- **Effort:** The TRP and CTs are reporting higher workload due to incentive funding processes

Allocation Methodology

- **Disease formulas:** TRP and GAC have raised concerns about the appropriateness of the disease allocations, especially the formula for malaria
- **Band 4 methodology:** Separate methodology led to inconsistencies in allocation within regions
- **Use of bands:** Lack of flexibility to shift funds between bands may have led to sub-standard allocations -> enhance flexibility
- **Burden & income-based formula:** Allocation does not take into account needs / gaps leaving important countries with insufficient funds

Minimum levels

- **Continuity of services (CoS):** Lack of robust policy on how CoS issues are dealt with in cases where allocations are below CoS
- **Minimum required level:** High minimum levels make it difficult to shift allocations between countries

... to minimize operational challenges in implementation

Eligibility

- **Eligibility thresholds:** Generous eligibility criteria spread resources thinly across eligible countries, potentially diluting impact
- **Focus of government commitment:** Governments may be counting domestic resources allocated towards lower impact interventions towards commitment
- **Regional eligibility:** Regional organization and RCM eligibility not well matched to the needs of the regional expression of interest process

Development continuum

- **Challenging operating environments:** There is a need to further clarify differentiated approaches and support
- **Country in transition:** As more countries move towards transition, clarity around Global Fund's approach for sustainable outcomes is critical

Grant duration

- **Work load:** Development of criteria and consistent assessment of requests against criteria has required significant effort by Secretariat
- **Confusion:** Countries and country teams unclear about the approach for grant duration and when requests would be approved

Agenda

- 1 Status of NFM implementation
 - 2 Strategic Objectives update
 - 3 Potential areas of NFM policy changes
 - 4 Outcomes of Regional Expression of Interest process**
 - 5 Special Initiatives
-

In summary...

a

16 Eols invited to develop a Concept Note with a maximum funding of US\$ 234.7 million

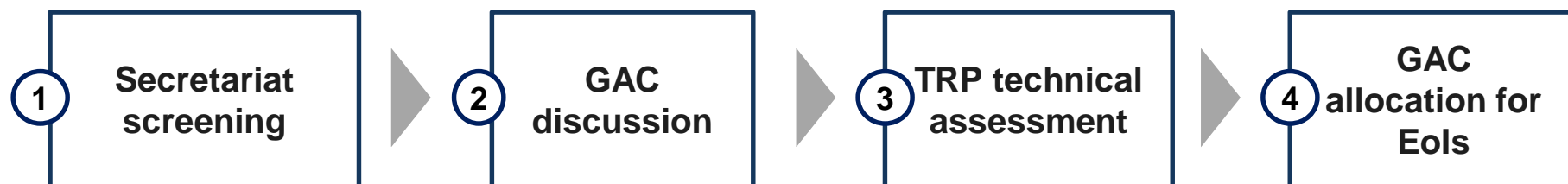
b

The concept notes will compete against each other for available US\$ 120 million funding at first window in 2015

c

Results have been communicated to all applicants

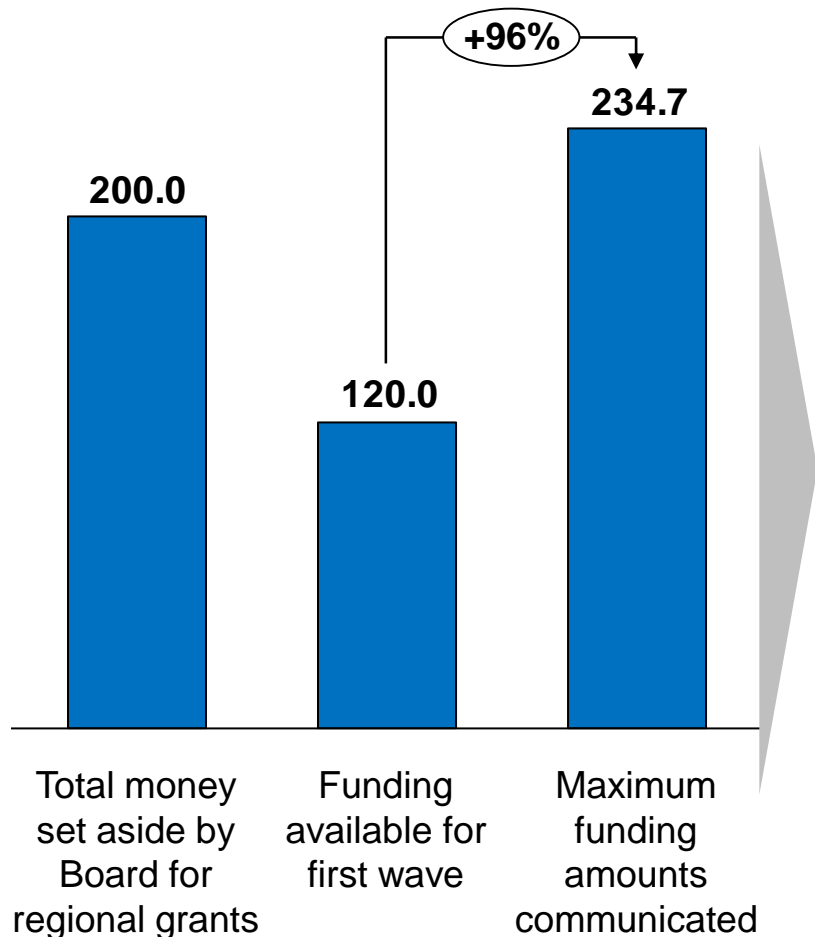
Review approach for regional expressions of interest



Global Fund carried out a robust, four-step process to ensure a thorough review of each Eol by both the Secretariat, technical partners and the TRP.

Before next review in 2015, the Global Fund will streamline and improve the process based on learnings from this review.

The concept notes will compete for \$120 million of funding available



Implications

- Maximum funding amounts are not allocations – competitive process for available funds
- Applicants requested to undertake rigorous prioritization within tranches of funding

All concept notes to be submitted in the first review window in 2015

- Enables comparison and strategic investment of \$120 million available

16 applicants invited to submit concept notes

Applicant name	Component	Dept / Region	Funding outcome for letter (USD) 28 July 2014
Abidjan-Lagos Corridor Organization (OCAL)	HIV	Central Africa	20,000,000
African Network for the Care of Children Affected by HIV/AIDS (ANECCA)	HIV	HI Africa 2	4,799,790
ARASA-ENDA	HIV	HI Africa 1	15,661,774
HIVOS	HIV	Southern and Eastern Africa	19,600,027
KANCO	HIV	HI Africa 2	10,081,467
Intergovernmental Authority on Development (IGAD)	HIV/TB	HI Africa 2	20,000,000
E8 Secretariat - SADC	Malaria	HI Africa 2	24,000,000
East, Central and Southern Africa Health Community (ECSA-HC) Supranational Research Laboratory	TB	HI Africa 2	8,905,872
University Research Council (URC) / University Research South Africa	TB	HI Africa 1	60,000,000
Asia Pacific Network of People Living with HIV (APN+)	HIV	South & East Asia	5,000,000
The East Europe & Central Asia Union of PLHIV (ECUO)	HIV	EECA	7,970,293
PAS - The Center for Health Policies and Studies	TB	EECA	8,722,800
Comunidad Internacional de Mujeres Viviendo con VIH sida (ICW)	HIV	LAC	6,000,000
PANCAP	HIV	LAC	12,150,000
REDLACTRANS	HIV	LAC	3,626,349
Regional/Arab Network against AIDS (Ranaa)	HIV	MENA	8,160,452

All regional applicants informed of the review results

1 Recommended to proceed to CN development (16 Eols)

Communication to applicants included
TRP / GAC form with combined feedback
Maximum funding amount (upper ceiling)
Regional concept note template and instructions
Name of Fund Portfolio Manager supporting the applicant
Amount of funding available for regional dialogue



2 Strategic but requires further work (7 Eols)

Notification containing specific feedback

- Outcome of TRP / GAC assessment
- Guidance on strategic focus and parameters for next iteration



3 Not recommended (19 Eols*)

Notification email



1. Including REDCA+ which has been approved by GAC to use already existing Phase 2 money, through the same process as for the 16 other Eols that have been recommended

Agenda

- 1 Status of NFM implementation
 - 2 Strategic Objectives update
 - 3 Potential areas of NFM policy changes
 - 4 Outcomes of Regional Expression of Interest process
 - 5 Special Initiatives**
-

In Summary...

a Value for Money/ Financial Sustainability

b Country Data Systems

c PR Grant Making Capacity Building

d Emergency Fund

e Technical Assistance on Community, Rights and Gender

f Technical Assistance for Concept Notes

Value for Money / Financial Sustainability

Overview: Value for money / Financial Sustainability

Purpose

- Support countries apply various costing and/or allocation tools to strengthen NSPs and support concept note development through 3 key activities:
 - Optimizing value for money
 - Measuring value for money
 - Measuring and maximizing domestic spending

Funding

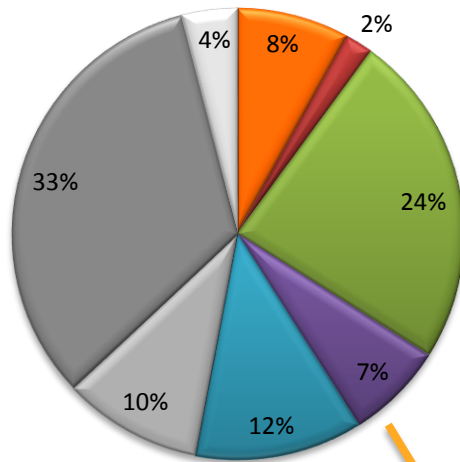
- **US\$ 8.5 million**

Key updates

- **Optimizing value for money:**
 - Application of Resource Allocation Models in Sudan, Bangladesh, Ethiopia and Mozambique
- **Measuring value for money:**
 - Collaboration with PEPFAR
 - R4D contracted in South Africa to track HIV/AIDS spending
- **Measuring and Maximizing Domestic Spending:** Initial collaboration with partners for developing fiscal and programmatic sustainability plans for strategic countries

Optimizing Value for Money

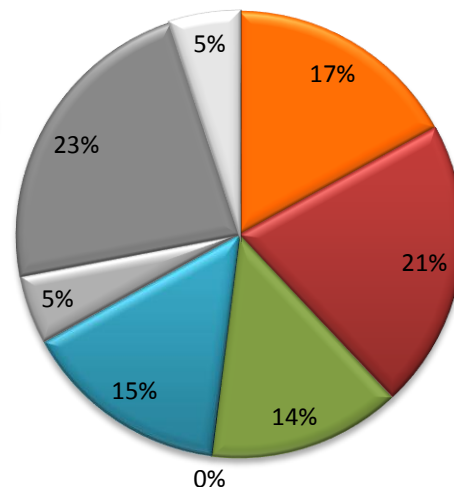
2013 Actual Allocation



- FSW Prevention
- MSM prevention
- General Population Prevention
- PMTCT
- ART

- PLHIV involvement
- Management support
- Strategic Support
- No included in optimization

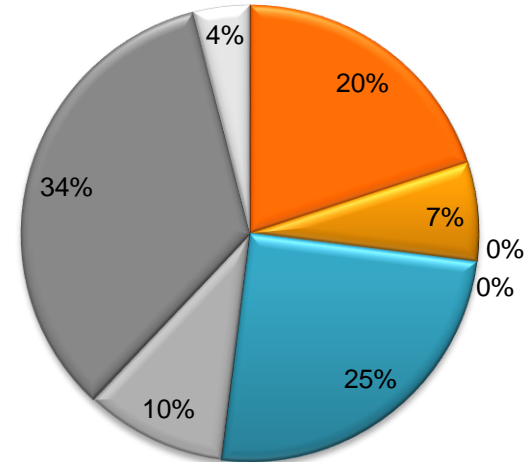
Future Allocation Proposed in 2014 CN



Improved allocative efficiency

The application of Optima has enabled the country to move to a more efficient resource allocation that support bigger impact achievements.

2013 Optimal Allocation based on Optima Results to Minimize DALYs due to HIV/AIDS



Country selectively adopted Optima analysis results

Note in 2014 CN allocation:

- PMTCT is financed through national MNCH program
- Government decided to maintain general population intervention programs with a focus to remove barriers for key populations to access testing and counseling services given the strong stigmatization of HIV/AIDS in Sudan.

Measuring Value for Money

- PEPFAR has well-established system for tracking PEPFAR spending at the intervention-level
- Global Fund has mapped data on PEPFAR categories
- New project supported by Global Fund brings together expenditure data at the intervention level for South Africa including government, global fund, and PEPFAR data.
- Allows all partners to work together to plan an effective transition
- Expenditure analysis is undertaken under auspices of UNAIDS and South African National AIDS council to inform investment case

- PEPFAR expenditure analysis (EA) links results and expenditures
- EA breaks HIV/AIDS spending into major categories of interventions
- EA is more detailed than HIV/AIDS disease accounts but less detailed than UNAIDS National AIDS Spending Assessment

Measuring Domestic Spending for health: National Disease Accounts

- Build capacity of high-impact countries to **track resources for the three diseases** and overall health spending (System of Health Accounts with WHO, BMGF, UNAIDS, GAVI, WB, COIA)
- Disease accounts are critical for Global Fund counterpart financing requirements
- Strengthen regional health accounts networks to support countries to shift to disease accounts.
- Provide grants for countries to institutionalize resource tracking including dissemination to civil society

System of Health Accounts

- System of Health Accounts is the widely accepted international standard for expenditure tracking. New revision in 2011 links domestic and donor financing. Expanding for greater use in LICs.
- Global Fund, GAVI, and BMGF funding roll out of Disease Accounts. Goal is to cover 60 countries in next 2 years
- Provides systematic approach to tracking expenditures by disease and attributing health system costs and pharmaceuticals.

Maximizing Domestic Spending for Health: Sustainability planning

- Special initiative supporting health track for Ministry of Finance networks like Collaborative African Budget Reform Initiative
- Platform to reach Ministries of Finance on managing transition to domestic financing
- Case studies on fiscal and programmatic sustainability in South Africa, India, Ethiopia, Tanzania, Serbia, and Bulgaria
- Coordination with TERG study of graduating countries: Mexico, Argentina, Brazil, China, Thailand, Mexico, Romania, Turkey, Estonia
- Development of approach to fiscal and programmatic sustainability

Country Data Systems

Overview: Country data systems

Purpose

To provide upfront catalytic investments in MARPS data; mortality data; country analytic capacity; and service availability and quality at facility level to help generate impact data for the NFM and the Strategic Review

Funding

USD17 million in 2014-16

- 6m for MARPS data (Mapping and size estimation of KP);
- 5m for mortality data
- 4m for country analytic capacity
- 2m for service availability and quality data

Key updates

Mapping of country, grants, and partner plans has been done in most priority countries. Country specific TORs are being developed. A mortality analysis approach is developed.

Current status: support through grant resources and special initiatives

Item	Progress
1.1 KP size estimation and programmatic mapping	<ul style="list-style-type: none"> • 15 countries are ready to start population size estimation: • More than 20 other countries are in the process of preparation • Mapping of KP data: underway for all high impact and additional 32 countries. • Previous exercise show that 20 countries have nationally adequate estimates for at least two KP groups (including 11 High Impact/ TERG-focus countries)
1.2 Mortality analysis	<ul style="list-style-type: none"> • Ongoing work in 3 countries: Tanzania , Nigeria and Ethiopia • 4 countries (Zambia, Zimbabwe, Kenya & Sudan) have submitted proposals for retrospective analysis of mortality data. • Discussions underway in 6 countries: • Draft mortality analysis guidance note and generic protocol developed to support the process
1.3 Country analytical capacity and information systems	<ul style="list-style-type: none"> • 17 of the 23 high impact countries are using DHIS2 as a reporting platform, with funding from grants to support for roll-out and training . • Analytical support provided, particularly for epidemiological and programmatic analysis in 20 high impact and TERG- priority countries.
1.4 Service availability at facility level	<ul style="list-style-type: none"> • Service availability and readiness assessment (SARA) supported in 5 priority countries in 2014 - Philippines, Myanmar, Zambia, Nigeria and Zimbabwe.

PR Grant Making Capacity Building

Overview: PR Grant Making Capacity Building

Purpose

- Provide up-front funds for PR capacity building that help PRs to undertake grant making and signing, and enable program delivery with minimum delay for new PRs

Funding

- **US\$ 0.5 million** or 5% of the upper ceiling (whichever is the lower amount). Funds will be reimbursed from grants when possible
- No funds spent yet

Key updates

- Updated the Operational Policy Note on pre-financing approved by the Executive Grant Management Committee
- Mechanism is in place and first cases are supported

PR Capacity Building next steps



Updated OPN dated 11 June 2014 on pre-financing grant making and start-up activities for new PRs has been approved by the Executive Grant Management Committee



Mechanism explained during Grant Making training sessions



Further work necessary to ensure mechanism is well known and first cases are supported

Emergency Fund

Overview: Emergency Fund

Purpose

- Provide quick access to funds to fight the three diseases in emergency situations

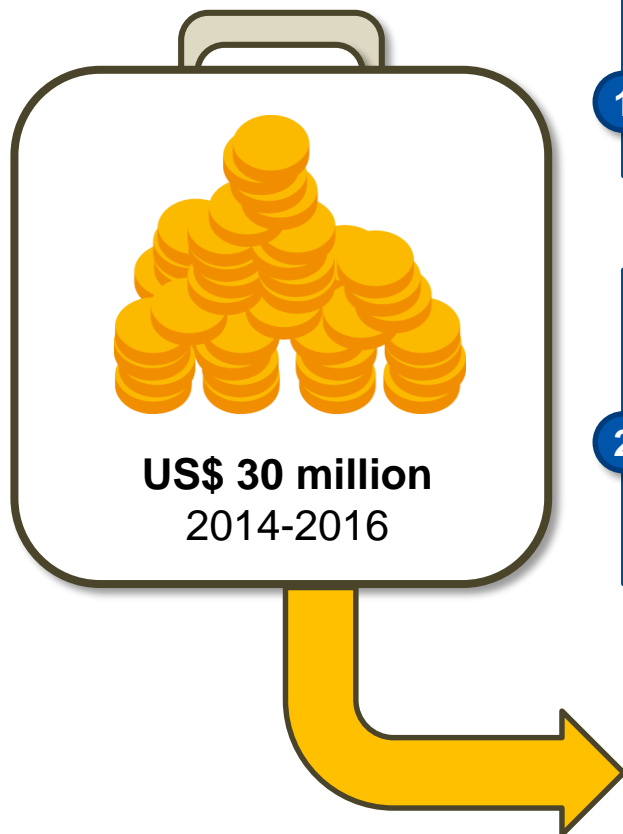
Funding

- **US\$ 30 million** for 2014-16

Key updates

- Pre qualification process launched
- First application received requesting support for Syrian refugees

What is the Emergency Fund?



1

Seeks to provide **quick access to funds** to enable the Global Fund to fight the three diseases in emergency situations.

- For activities that cannot be funded through reprogramming
- Likely to be where people cross borders or are internally displaced

2

Prevents disruptions during an emergency, to provide **continuity of treatment and essential services** within existing Global Fund grants. Other exceptional considerations need to be endorsed by EGMC to move forward with the request.

Not for general humanitarian purposes

Short-term and time-bound* funding for:

- **provision/ distribution of drugs/ commodities** (primary use)
- **supporting risk and situation assessments** specific to the three diseases
- **Limited miscellaneous incremental operational costs of service delivery and staffing**

* The length of the response will be no longer than 6 to 12 months.

Current status of the Emergency Fund

- ✓ Partners consulted on approach
- ✓ Operational issues resolved through cross functional team
- ✓ Guidance slides prepared for implementation of Emergency Fund
- ✓ Grant Management Directorate and Regional Managers briefed on emergency fund
- ✓ On going discussion with IOM/UNDP on an EF project for TB control for Syrian refugees, led by MENA team
- ✓ Pre-qualification process now launched

Next steps

- Guidance slides to be shared with consulted partners
- First application for Syrian refugees in Lebanon and Jordan were submitted and are currently being reviewed by CT. Approval by EGMC expected in December
- Application expected for Liberia, aim to fill the funding gaps in Malaria health products due to Ebola crisis in country. Approval expected in November
- Further information sessions with country teams and management to raise awareness of emergency fund

Technical Assistance on Community, Rights and Gender

Technical Assistance on Community, Rights and Gender

Purpose

To provide technical assistance and capacity building to key populations and civil society networks; ensure that technically sound interventions to address human rights barriers to accessing health services, gender equality, and CSS are included in concept notes; and ensure that key populations are meaningfully engaged in country dialogue.

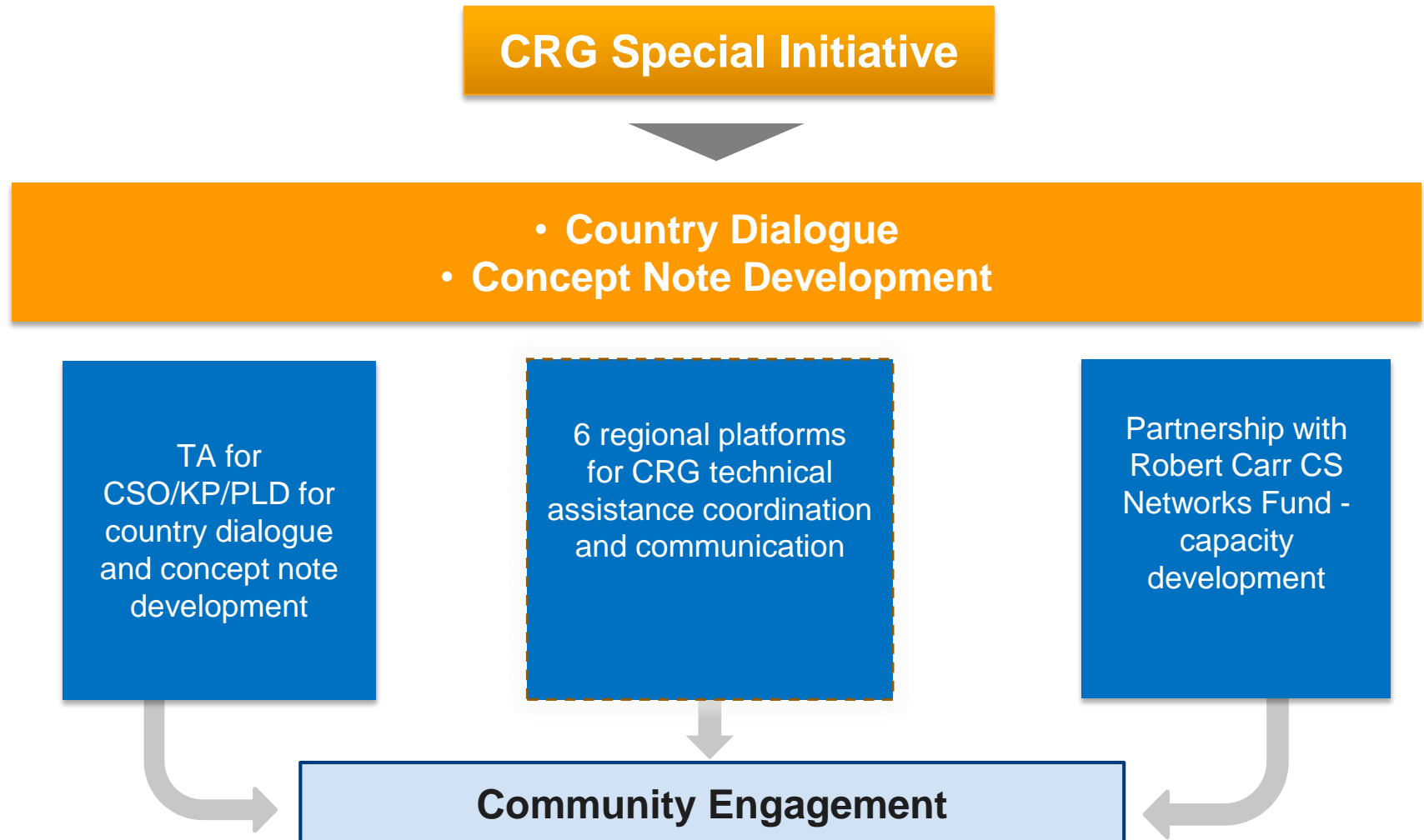
Funding

US\$15 million

Key updates

- 1) CRG technical assistance program has been launched
- 2) Partnership with the Robert Carr CS Networks Fund has been launched
- 3) RFPs for regional Civil Society and Community Communication and Coordination Platforms will be issued in October

Components of the CRG Special Initiative



Technical assistance for country dialogue and concept note development

Timeframe & budget

- US\$6.1 million (2014-2016) – program funds
- US\$3.5 million allocated to period end 2015
- Estimate spend at end 2014 US\$900K to US\$1.1m

Focus

Improving the involvement of communities, and key populations in particular, in the development of new concept notes, on strengthening attention given to human rights and gender-related barriers, and on strengthening human rights, gender-responsive programming and community systems in program implementation. CRG technical assistance will be provided up to the approval of concept notes.

Progress

- 23 organizations selected via RFP as pre-qualified to provide CRG technical assistance – focus on local/regional civil society organizations
- Supplementary focused RFPs issued on gender, TB, malaria and for specific regions
- Request pathway and assessment system developed and in place. QA framework in development
- Significant level of engagement with country teams in program implementation
- 9 assignments at finalization
- 18 requests currently under assessment
- CRG will work closely with the TA Hub to optimize and standardize systems and coordination efforts across technical assistance streams and country teams

Robert Carr Civil Society Networks Fund - capacity development

Timeframe & budget

- US\$4 Million (2014-2016) – program funds
- US\$2.5 million allocated to period end 2015
- Estimate spend to mid 2015 1.25 million

Focus

- Build longer-term capacity/community mobilization for engagement with Global Fund processes at country level across the whole grant cycle – dialogue to implementation
- Provision through existing Robert Carr CS Networks Fund awardees
- Selection of recipient organizations through a consultative process

Progress

- Negotiations with Robert Carr CS Networks Fund ongoing since May 2014
- Joint concept note/program parameters agreed with Robert Carr-NF ISC
- Call for proposals from current Robert Carr CS Networks Fund grantees issued early August
- Eligibility and program assessment process finalized 1 October
- Funding to be disbursed to successful applicants from 1 November

Regional platforms for coordination and communication

Timeframe & budget

- US\$4.4 Million (2014-2016) – program funds
- US\$2.2 million allocated to end 2015
- Estimate spend to mid 2015 US\$1.1 million

Focus

- Six regions; Asia-Pacific, Anglophone Africa, Francophone Africa, Middle East and North Africa, Eastern Europe and Central Asia, Latin America and the Caribbean
- Strengthen coordination through different streams: IQC, Robert Carr CS Networks Fund, Partnership Agreements, TA sourced from grants, broader capacity development initiatives
- Coordination with bilaterals, multilaterals and civil society organizations and key population networks in each of the regions
- Contribute to capacity development of civil society, key populations and PLWD

Progress

- Scope and focus of platforms in review to ensure alignment with CRG technical assistance program
- RFPs to be issued mid October.
- Resourcing will vary to reflect size and complexity of region
- Platforms will work closely with regional Global Fund focal points, regional civil society TA providers, regional focal points in RBM, STB, WHO, UNAIDS, as well as Bilaterals
- Link with the CRG department and the global light touch coordination mechanism

Technical Collaboration

WHO technical partnership agreement

Purpose

- WHO, RBM, Stop TB support for unfunded technical support needs to develop quality concept notes 2014/2015 (focus on country-based proposals)

Funding

- Budget: \$29 million
- Disbursed : \$9.5 million
- Expenditure: \$5.9 million

Key Updates

- 236 technical support requests for CN development
- 72 CNs expected by October 2014
- Over 70% of these CNs have been recommended by the TRP to the GAC for grant making (from Windows 1, 2 and 3)
- An accelerated pace of support in 2015
- Ongoing strengthening of technical cooperation

UNAIDS technical partnership agreement

Purpose

- Covers both technical and political collaboration
- No transfer of funds

Implementation Structures

- UNAIDS Country and Regional Offices, plus three UNAIDS Technical Support Facilities (TSFs) - Asia/Pacific, West/Central Africa, Eastern/Southern Africa

Key Updates

- UNAIDS MOU (final stages for completion) will address areas including:
 - robust investment approaches and improving sustainability
 - human rights, gender inequity, legal and social environments
 - key populations and others being left behind
 - meaningful engagement of civil society and community responses
- UNAIDS supported 40 countries through 83 technical support assignments (100% increase in requests compared to the same period in 2013)

UNICEF and UNFPA technical partnership agreements

Purpose

- Enhance integration of RMNCH programs implementation w/GF investments
- Support governments to strengthen donor alignment

Implementation Approaches

- Align planning and strategies, including within Country Dialogue
- Leverage health commodities procurements and distribution
- Enhance data coordination (M&E reporting)
- Identify entry points in specific ATM programs within HSS priority areas

Key Updates

- Capacity-building workshops with UNICEF (July) and UNFPA (October)
- As by August 2014, building upon malaria base, 6 countries submitted CNs with co-funding from UNICEF and/or other sources (DRC, Zambia, Uganda, Ethiopia, Nigeria and Rwanda).
- Two (Ghana, S Sudan) have integrated malaria-iCCM in HSS CNs
- HIV base for RMNCH integration in Zambia, DRC, Nigeria, mainly for PMTC and pediatric HIV. Planning underway in Chad, Malawi and Burundi.