The Global Fund New Funding Model and TB portfolio

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Grant Portfolio 2002-2013

Global Fund reports, 2013

- Total: $28.9 billion
- HIV: $15.8 billion
- Malaria: $7.9 billion
- TB: $4.7 billion
- HSS: $0.3 billion
- TB/HIV: $0.2 billion

Amount in US$ billions
Global Fund Financing

Contribution to International Financing for TB,

- 75% Global Fund
- 25% Other International funders

Source: Global TB report, WHO 2013
Cumulative Budget for TB services

- Supportive environment: 19%
- Diagnosis & treatment: 33%
- Community TB & high risk groups: 6%
- M&E and OR: 7%
- Engaging other care providers: 3%
- TB/HIV: 4%
- MDR-TB: 14%

Cumulative budget, as of 2012
The New Funding Model

http://www.theglobalfund.org/en/fundingmodel/
Principles of the new funding model

The new funding model has been designed to bring the Global Fund Strategy of ‘Investing for Impact’ to life. The new model will improve the way the Global Fund assesses, approves, disburses, and monitors grants.

- **Bigger impact**: focus on countries with the highest disease burden and lowest ability to pay, while keeping the portfolio global
- **Predictable funding**: process and financing levels become more predictable, with higher success rate of applications
- **Ambitious vision**: ability to elicit full expressions of demand and reward ambition
- **Flexible timing**: in line with country schedules, context, and priorities
- **More streamlined**: for both implementers and the Global Fund
New funding model cycle

- National Strategic Plan/Investment Case
- Concept Note
- Grant Making
- 2nd GAC Board
- Grant Implementation

Ongoing Country Dialogue
## Types of funding

<table>
<thead>
<tr>
<th>Country allocation</th>
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<tbody>
<tr>
<td>• Each eligible country receives an allocation to support its disease programs for the allocation period (communicated in March 2014)</td>
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<tr>
<td>• The amount is determined using an allocation methodology based on disease burden and income levels, and is adjusted for qualitative factors</td>
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<table>
<thead>
<tr>
<th>Incentive funding*</th>
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<tbody>
<tr>
<td>• A separate reserve of funding designed to reward high impact, well-performing programs and encourage ambitious requests</td>
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<tr>
<td>• It is made available, on a competitive basis, to applicants in Country Bands 1, 2, 3</td>
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<tr>
<td>• Awarding of incentive funding will be based on the TRP recommendation. The GAC will decide on incentive funding, which will be included in the upper-ceiling of the grant</td>
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### Unfunded quality demand

- Any funding requested through a concept note which is considered strategically focused and technically sound by the TRP, but cannot be funded through available funding
- The demand is registered for possible funding by the Global Fund or other donors when, and if, any new resources become available

*Regional applicants, significantly over-allocated disease components and Band 4 countries are not eligible for incentive funding.
Funding request to be prioritized across the allocation amount and the amount requested above

Illustrative example: assumes that the whole funding request is technically sound
Country dialogue is a country-owned, on-going process

The term used by the Global Fund to refer to the ongoing discussion that occurs at country level to prioritize how to fight the three diseases and strengthen health and community systems.
Who plays a role in country dialogue?

These actors meet in the CCM, however, the dialogue should expand beyond the CCM
## Key tasks during concept note preparation

| Review national strategic plans | • Conduct national program reviews with technical partners  
• Examine existing data and information  
• Consider using the JANS criteria  
• Take action to strengthen them in areas where weaknesses are found |
|---|---|
| Plan for inclusive dialogue | • Develop an engagement plan, including how to involve Key Populations and civil society  
• Consider including community organizations, government ministry representatives, private sector, technical partners, academia, other donors  
• Establish a process for ensuring inclusive dialogue |
| Plan when to apply | • Identify when funds are needed for each disease, ensuring continued funding for existing programs  
• Estimate how long the application process will take for your country  
• Decide on which submission date best suits your country |
| Review CCM compliance with eligibility requirements | • Ensure you are following CCM eligibility requirements and minimum standards  
• Review CCM governance, and request partner support to performance, where relevant |
### Key tasks during concept note preparation

<table>
<thead>
<tr>
<th>Step</th>
<th>Task Description</th>
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<tbody>
<tr>
<td>5</td>
<td>Begin negotiations on increased governmental commitments</td>
</tr>
<tr>
<td></td>
<td>• Discuss increases to domestic commitments with the government to ensure the ability to access the last 15% of the country allocation.</td>
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<tr>
<td>6</td>
<td>Agree on program split across eligible diseases and HSS activities</td>
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<td></td>
<td>• Revise and determine how to split the allocation between eligible disease components and cross-cutting HSS to better suit the country context</td>
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<td>• Agree on what information will be needed to make a decision and who will be the ultimate decision-maker</td>
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<td></td>
<td>• Endorse the proposed split before the first concept note submission to the Secretariat</td>
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<tr>
<td>7</td>
<td>Begin discussion on appropriate implementation arrangements</td>
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<tr>
<td></td>
<td>• Define the implementation arrangements for the program</td>
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<td>• Assess the main risks related to the effective implementation of the program and each nominated PR against a set of minimum standards</td>
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<td>• Propose risk mitigation measures</td>
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<td>• Start the development of an implementation arrangement diagram</td>
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The concept note

- Principal document for TRP and GAC reviews and grant-making purposes
- Output from country dialogue, reflective of an inclusive multi-stakeholder process
- Encourages robust and ambitious funding request
- Funding request based on the national strategic plan
- Captures “full expression of demand”
Overview of the structure of the standard concept note

Section

1. Define the problem and assess response to date

2. Understand the funding landscape

3. Prioritize funding needs and choose best response for highest impact

4. Ensure appropriate implementation capacity and risk mitigation

The CCM will submit the Concept Note in most cases

- Core tables
- CCM Eligibility & endorsement
- Supporting documents

Instructions & Information Notes
Provide guidance to applicant on how to integrate key issues such as human rights, gender, SOGI, operational risk

Overview of the structure of the standard concept note
In the concept note:

• Full expression of demand captured at a higher level based on a coasted national strategy

• Applicant will determine which program elements of their full expression of demand should be in their request above the allocation

Applicants encouraged to apply for their full expression of demand
The Global Fund will continue to support strategically focused regional applications that are designed to achieve impact and clearly demonstrate the value-added of a regional approach.

Definition and scope of a regional application

- A regional application is defined as an application from a group of countries within the same geographic region aimed at addressing common issues, such as cross-border interventions and structural barriers that impede access to services, that are strategically focused and demonstrate a strong potential for high impact in the fight against the three diseases.

- Typically this kind of application will only include activities and interventions that cannot be funded effectively through a country allocation due to their inherently regional nature.

Existing & new regional applications will be funded through a ‘set-aside’ specifically established for this investment purpose.
Approach to regional applications: two-step process

- All regional applicants must submit an **expression of interest (EOI)** before developing a CN.
- A review of EOI will take place to determine: eligibility; strategic focus and regional impact; potential indicative amounts.
- Only eligible and strategically focused applications can submit a CN.
- Two submission windows: May 1, 2014 and April 1, 2015.
Tools and guidance for NFM

TB Strategic Investment Info Note

• Developed with partners
• Aligned with guidelines from technical partners
• Informs Global Fund investments on TB
• Could be used during
  – NSP and Concept Note development
  – Grant/program implementation and reprogramming

• Provides information on key references and tools
## TB modules and interventions

### Core Modules

<table>
<thead>
<tr>
<th>Care and prevention</th>
<th>TB/HIV</th>
<th>MDR-TB</th>
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<tbody>
<tr>
<td>Case detection and diagnosis</td>
<td>TB/HIV collaborative activities</td>
<td>Case detection and diagnosis: MDR-TB</td>
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<tr>
<td>Treatment</td>
<td>Engaging all care providers</td>
<td>Treatment: MDR-TB</td>
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<tr>
<td>Prevention</td>
<td>Community TB care delivery</td>
<td>Prevention for MDR-TB</td>
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<tr>
<td>Engaging all care providers</td>
<td>Key populations</td>
<td>Engaging all care providers</td>
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<tr>
<td>Key populations</td>
<td>Key populations</td>
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<tr>
<td>Collaborative activities with other programs</td>
<td>Collaborative activities with other programs</td>
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### Supporting Modules

<table>
<thead>
<tr>
<th>CSS</th>
<th>Removing legal barriers</th>
<th>HIS &amp; M&amp;E</th>
<th>Program Management</th>
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<tbody>
<tr>
<td>Community based accountability monitoring</td>
<td>Advocacy for social accountability</td>
<td>Law reform</td>
<td>Routine reporting</td>
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<tr>
<td>Social mobilization</td>
<td>Institutional capacity building, planning</td>
<td>Legal aid services and literacy</td>
<td>Analysis, review and transparency</td>
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<td>Training on rights for health professionals</td>
<td>Surveys</td>
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<td>Community-based monitoring of legal rights</td>
<td>Administrative and finance data sources</td>
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<td></td>
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<td>Policy advocacy on legal rights</td>
<td>Vital Registration</td>
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**Prioritization of modules and their interventions depends on country context and epidemiological situation**