

Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B38/ERo8

Board Decision

Purpose of the paper: This document proposes one decision point as follows:

1. GF/B38/EDP12: Decision on the Secretariat's Recommendation on Funding from the 2017-2019 Allocation¹

This document is part of an internal deliberative process of the Global Fund and as such cannot be made public.

¹Guinea HIV. Total recommended amount to the Board is US\$ 33,573,749 of country allocation funding.

Decisions

A summary of relevant past decisions providing context to the proposed Decision Point can be found in Annex 1.

Decision Point: GF/B38/EDP12: Decision on the Secretariat’s Recommendation on Funding from the 2017-2019 Allocation

The Board:

- 1. Approves the funding recommended for each country disease component, and its constituent grants, as listed in Table 1 to GF/B38/EDP12 (“Table 1”);*
- 2. Acknowledges each country disease component’s constituent grants will be implemented by the proposed Principal Recipients listed in Table 1, or any other Principal Recipient(s) deemed appropriate by the Secretariat in accordance with Global Fund policies;*
- 3. Affirms the funding approved under this decision (a) is subject to the availability of funding, and (b) shall be committed in annual tranches; and*
- 4. Delegates to the Secretariat authority to redistribute the overall upper-ceiling of funding available for each country disease component among its constituent grants, provided that the Technical Review Panel (the “TRP”) validates any redistribution that constitutes a material change from the program and funding request initially reviewed and recommended by the TRP.*

This decision does not have material budgetary implications for operating expenses.

Executive Summary

Context and Input Received

- The Secretariat recommends the approval of funding up to an amount of **US\$ 33,573,749** of country allocation funding. This report recommends funding relating only to the GIN-H-MOH grant in Guinea.
- The grant in Table 1 has been found to be disbursement-ready by the Global Fund Secretariat following a thorough review process and in consultation with partners.
- The funding request for Guinea HIV component was reviewed by the Technical Review Panel (TRP) and determined to be strategically focused and technically sound. The TRP, upon its review highlighted issues for the applicant to clarify or address during grant-making.

Input Sought

1. The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B38/EDP12: Decision on the Secretariat's Recommendation on Funding from the 2017-2019 Allocation Period. Any objections should be received within the deadline.
2. A list of documents for the disease component to substantiate the Board decision is provided below.
 - Funding request;
 - Funding request Review and Recommendation Form;
 - Grant-making Final Review and Sign-off Form;
 - Grant Confirmation; and
 - TRP Clarification Form (applicable only if the TRP requested clarifications).
3. The GAC has reviewed the materials associated with the grant in Table 1 and has deemed the grant disbursement-ready. All relevant documents containing the Secretariat's reasons for its recommendations to the Board have been posted on the Governance Extranet available at [this](#) link.

Table 1: Secretariat’s Funding Recommendation on Funding from the 2017-2019 Allocation

Please note that the country name is linked to the extranet site where supporting documents are available for review

N	Applicant	Disease component	Proposed Principal Recipient	Grant name²	Grant end date	Currency	Total program budget	Catalytic funds in grant	Domestic commitment³	Unfunded quality demand
1	Guinea	HIV	The Ministry of Public Health of the Republic of Guinea	GIN-H-MOH	31/12/2020	US\$	33,573,749	N/A	(previously reported)	N/A

² Grant name is subject to change based on the ISO code.

³ Domestic commitments pertain to the disease programs and exclude other specific commitments for RSSH, unless otherwise specified. Commitments for disease specific programs and RSSH are subject to local currency value fluctuation against US dollar and Euro currencies.

1. Summary of the Deliberations of the Secretariat's Grant Approvals Committee (GAC) on Funding Recommendations

Guinea HIV grant: The Ministry of Public Health of the Republic of Guinea (GIN-H-MOH)

1.1 The Guinea HIV program is operating in a challenging operating environment (COE) under the additional safeguard policy. While women represent 52 percent of all adults living with HIV in Guinea (with national prevalence at 1.7 percent) the 2017 IBBS showed even higher HIV prevalence among key populations including sex workers and men who have sex with men at 14.2 and 11.4 percent respectively, TB patients at 23 percent and miners at 5.6 percent. Despite progressive increase of the number of people on ARVs, treatment coverage remains very low at 27 percent compared to a target of 43 percent in 2016 as demonstrated by a cohort audit concluded in 2017 and patient retention remains a key challenge. Overall, the scale up of HIV treatment has been hampered by slow opening of new sites (70 in total for 2016 out of 78 foreseen), delayed trainings for health care personnel, weak laboratory capacity, and inadequate management of the ARV supply chain, resulting in frequent stock-outs at the peripheral level.

1.2 Guinea's HIV program is implemented through dual track financing by the Ministry of Health and Plan International. Investments under the GIN-H-MOH grant will focus on: (i) HIV treatment care and support aiming to provide treatment to 61,442 patients by 2020; (ii) prevention of mother to child transmission aiming to provide ARVs to 2,209 pregnant women by 2020; and (iii) HIV/TB co-infection so that 2,400 new HIV patients are placed on isoniazid preventive therapy (IPT) per semester. These outcomes will be revisited in light of the program review which will occur in 2018, until then the Secretariat will be carefully monitoring results and review of baseline data. Impact targets will be established once the National Strategic Plan (NSP) is finalized and validated at the country level.

1.3 The PLAN International grant (GIN-C-PLAN) was approved by the Board in GF/B38/EDPo8 through the report submitted in December 2017, and is implementing the prevention component which is primarily focusing investments on programs for key populations. It complements the treatment and care component of the HIV response supported by the Global Fund through this grant (GIN-H-MOH) by increasing the coverage for men who have sex with men, sex workers and miners.

1.4 Co-financing and domestic commitment: The Government of Guinea met the willingness-to-pay requirement from the 2014-2016 allocation period. For the 2017-2019 allocation period, the government of Guinea has committed to investing US\$ 18.7 million in HIV, representing an additional investment of US\$ 8.7 million compared to the 2014-2016 allocation period. For the 2017-2019 allocation period, the government will maintain its investments for human resources and operational costs from the 2014-2016 allocation period and will also contribute to health products (ARVs, opportunistic infections, reagents and consumables). These commitments exceed the minimum additional co-financing requirement of US\$ 2,503,031 for the HIV component. However, given the Secretariat's limited visibility of orders placed for HIV commodities by the Government of Guinea, as well as the shortfall in the governments purchase of health products during the 2014-2016 allocation period, the grant agreement includes a requirement for the provision of a bi-annual detailed list of health products ordered by the Government to enable national quantification exercises for HIV and TB with full visibility of the national and Global Fund pipeline. In addition, to ensure ongoing monitoring of national contributions, annual reporting from the Ministry of Finance will be required. In parallel, advocacy and ensuring financing for national health accounts reports by the Global Fund and other partners, including the World Bank, will continue.

1.5 GAC Review and Recommendation:

- During the 2014-2016 allocation period, the HIV treatment and care component was implemented by a government Principal Recipient (PR): the Comité National de Lutte contre le Sida (CNLS). The GAC welcomed the transition of the program to the Ministry of Health as Principal Recipient for

the 2017-2019 period, and recognized this was in line with a recommendation from the TRP and an audit by the Office of the Inspector General (report released in August 2017, GF-OIG-17-018). The GAC also appreciated the financial risk mitigation measures put in place through the recruitment of a fiduciary agent. Acknowledging potential challenges in starting this implementation period with a new implementer, the grant's plan and budget have been adjusted so that the majority of activities are planned to start in Q2 2018, with only start up activities in Q1.

- The GAC commended the engagement of the Ministry of Health in addressing the challenges surrounding the overall HIV program as well as their increased focus on improving program quality. The GAC noted that strong leadership was key for improved programming decisions in the future. The GAC welcomed the joint program review planned with technical partners in 2018, which will pave the way for a reprogramming in 2019 – a recommendation that also emanated from the TRP review, which called on careful analysis of the HIV treatment cascade to improve impact, program coherence and high impact investments.
- The GAC and partners stressed the importance of valid and reliable data for an accurate understanding of the country's HIV epidemic, which will be critical to inform the country's future reprogramming decisions and strategies to reach the ambitious targets. Nonetheless, it was noted that the recent cohort audit represents a more reliable source of information that will serve as the basis for targeting and focusing of interventions.
- The GAC noted that Médecins Sans Frontières (MSF) had transferred 11,600 patients to the national cohort, presenting challenges for scale-up and sustainability, and noted that the Global Fund is the primary external funder of the HIV response, apart from technical assistance provided by partners. The GAC expressed concern that consequently, the Global Fund will continue to support 80 percent of the national cohort, thereby further increasing the risks associated with commoditizing the Guinea HIV grant.
- While recognizing the urgency of investments to ensure coverage of the current cohort, the GAC Partners stressed the importance of ensuring linkages between the HIV testing strategies and treatment targets and the level of support that the grant can sustain given the ambitious targets proposed by the country. GAC Partners further highlighted the need for a technically sound testing policy to improve the efficiency and effectiveness of HIV testing and mitigate the risk of waste, expiry and fraud. Despite progress made on treatment cascade and a retention rate of 79 percent, more focus is needed to reach coverage targets with improvements on linkages to treatment after testing, programmatic quality and interventions for key populations. Considering the challenges Guinea faced with reaching some key populations groups, the GAC emphasized the need to develop comprehensive strategies across the prevention and treatment programs, and to ensure synergies with the PLAN grant focusing on programs for key populations.
- GAC Partners recognized the impact of Ebola on the health system and its negative impact on the trajectory of the HIV epidemic. GAC Partners also stressed the need for Global Fund support in the HIV program to coordinate and leverage post-Ebola investments in health system recovery, including in rebuilding the laboratory network. The GAC was therefore informed that the HIV grant includes salary incentives for a limited number of civil servants within PR, CNLS and laboratory technicians, to be paid based on individual performance. Taking into account country context, the proposed incentives were considered essential to obtain progress and retain program staff. GAC Partners expressed support for the payment of the incentives in the short term as well as for the development of a common donors approach across programs and sector in the longer term.
- The GAC noted the particular challenges surrounding the supply chain in Guinea, which were recently exacerbated by a fire at the national medical warehouse in June 2017. To mitigate the risks linked with the supply chain the Secretariat has put in place measures including (i) contracting Catholic Relief Services (CRS) to act as permanent service provider for supply chain support to the Ministry of Health (this includes quantification, distribution, order tracking and integrating HIV

into the national supply chain); (ii) conducting a full review and update of the national quantification committee's terms of reference and responsibilities matrix and engaging partners to ensure system interlinkages and to enable central data analysis, which will continue throughout the grant; and (iii) including a requirement in the grant agreement to ensure visibility on pipeline of orders placed by the Government to enable national quantification exercises. Additionally, the supply chain diagnostic, to complement a similar national exercise, is foreseen by the Secretariat to prioritize key investments in the supply chain.

- In September 2015, a total of US\$ 112,354 was identified for reimbursement in two Round 2 grants implemented by the Guinea Ministry of Health, which was previously confirmed by a Recoveries Committee recommendation and Executive Director decision. Given the considerable efforts already expended by the Secretariat, the low likelihood of recovery and the age of the grants at issue, in October 2017 the Recoveries Committee applied a 2:1 reduction in an amount of US\$ 224,708 to Guinea's 2017-2019 allocation and thereby resolved the outstanding recoverable amount. The GAC noted that the budget of the GIN-H-MOH grant reflects this downward adjustment.

2. Conclusions

2.1 The Global Fund Secretariat will work closely with national counterparts to ensure that national contributions to the purchase of ARVs materialize to ensure that the patient cohort is able to continue treatment without interruption. Program targets and baseline data will be adjusted in light of verified results in 2019 through a reprogramming process. In addition, the Secretariat is engaging with national entities and technical partners to support the finalization of the 2018-2020 National Strategic Plan, which was not completed as anticipated in 2017. Additionally, technical and development partners have expressed strong interest in conducting a joint program review in Q2 2018 to support further strategic refocusing of investments to maximize impact and scale up of the HIV response in Guinea.

2.2 The Government of Guinea has not signed or ratified the Global Fund Agreement on Privileges and Immunities.

Annex 1 – Relevant Past Decisions

1. Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,⁴ the following summary of relevant past decision points is submitted to contextualize the decision points proposed in Section I above.

Relevant past Decision Point	Summary and Impact
GF/B38/EDPo8: Decision on Secretariat's recommendation for funding the GIN-C-PLAN grant (January 2018).	This decision approved the allocation funding of the Guinea TB/HIV grant (GIN-C-PLAN).

⁴ GF/B32/DP05: Approval of the Governance Plan for Impact as set forth in document GF/B32/08 Revision 2 (<http://www.theglobalfund.org/Knowledge/Decisions/GF/B32/DP05/>)