

# Latin America and the Caribbean

Update LAC Board Constituency

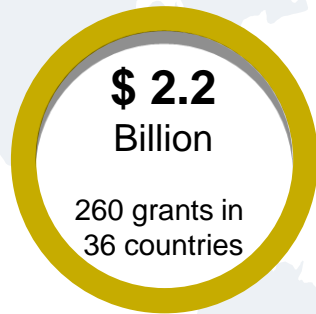
14 May 2019

- Overview Global Fund investment in LAC
- Overview implementation STC policy in LAC
- Brief updates

## Total Invested:

# \$41.1 billion

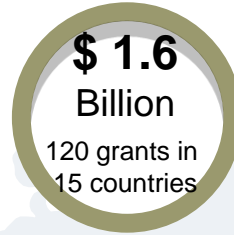
2,135 grants in 179 countries and multicountry projects



**Americas:**

## 5.3%

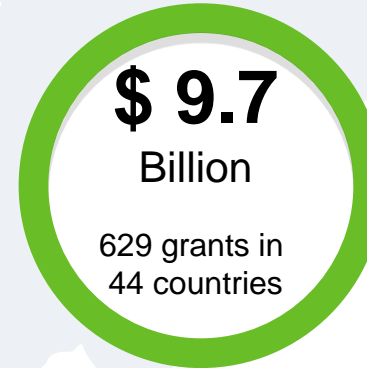
of total disbursed



**Europe:**

## 3.9%

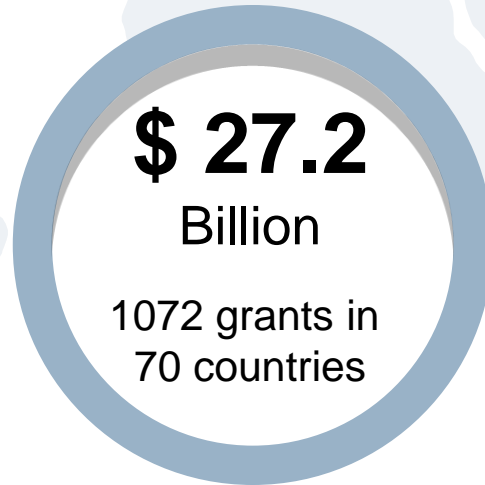
of total disbursed



**Asia:**

## 23.6%

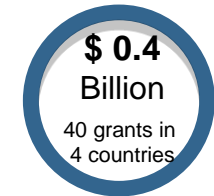
of total disbursed



**Africa:**

## 66.2%

of total disbursed



**Oceania:**

## 0.9%

of total disbursed

# Latin America and Caribbean Results: At Glance

## HIV/AIDS:

**278,170**

PEOPLE ON  
ANTIRETROVIRAL  
THERAPY FOR HIV

**748,066**

HIV TESTS  
TAKEN

**880,560**

PEOPLE REACHED  
WITH HIV PREVENTION  
PROGRAMS AND SERVICES

## Tuberculosis:

**74,108**

PEOPLE WITH TB  
TREATED

**1,879**

PEOPLE WITH  
DRUG-RESISTANT  
TB ON TREATMENT

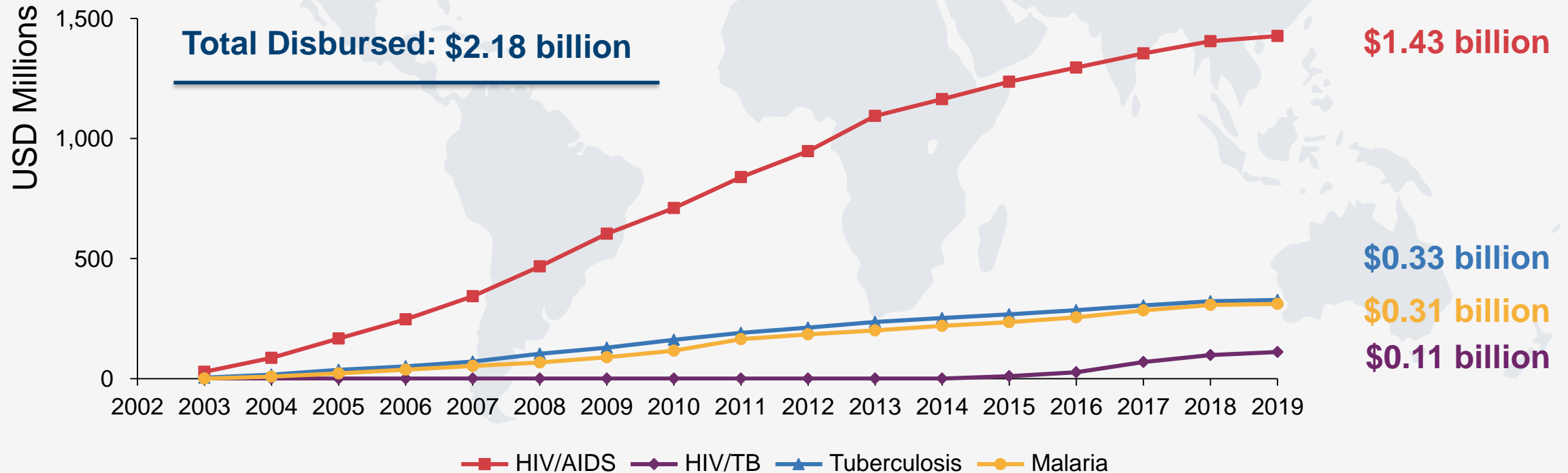
## Malaria:

**853,250**

MOSQUITO  
NETS DISTRIBUTED

**40,086**

CASES OF  
MALARIA TREATED



# LAC active portfolio overview



**42 active grants**  
in 18 countries and 6  
multi-country projects

**12 grants in grant-making**  
in 6 countries  
and 3 multi-  
country projects  
(HIV-LA, HIV-CAR,  
TB LAC)

Note: total budgets amounts per country.  
Budget and signed amounts may differ

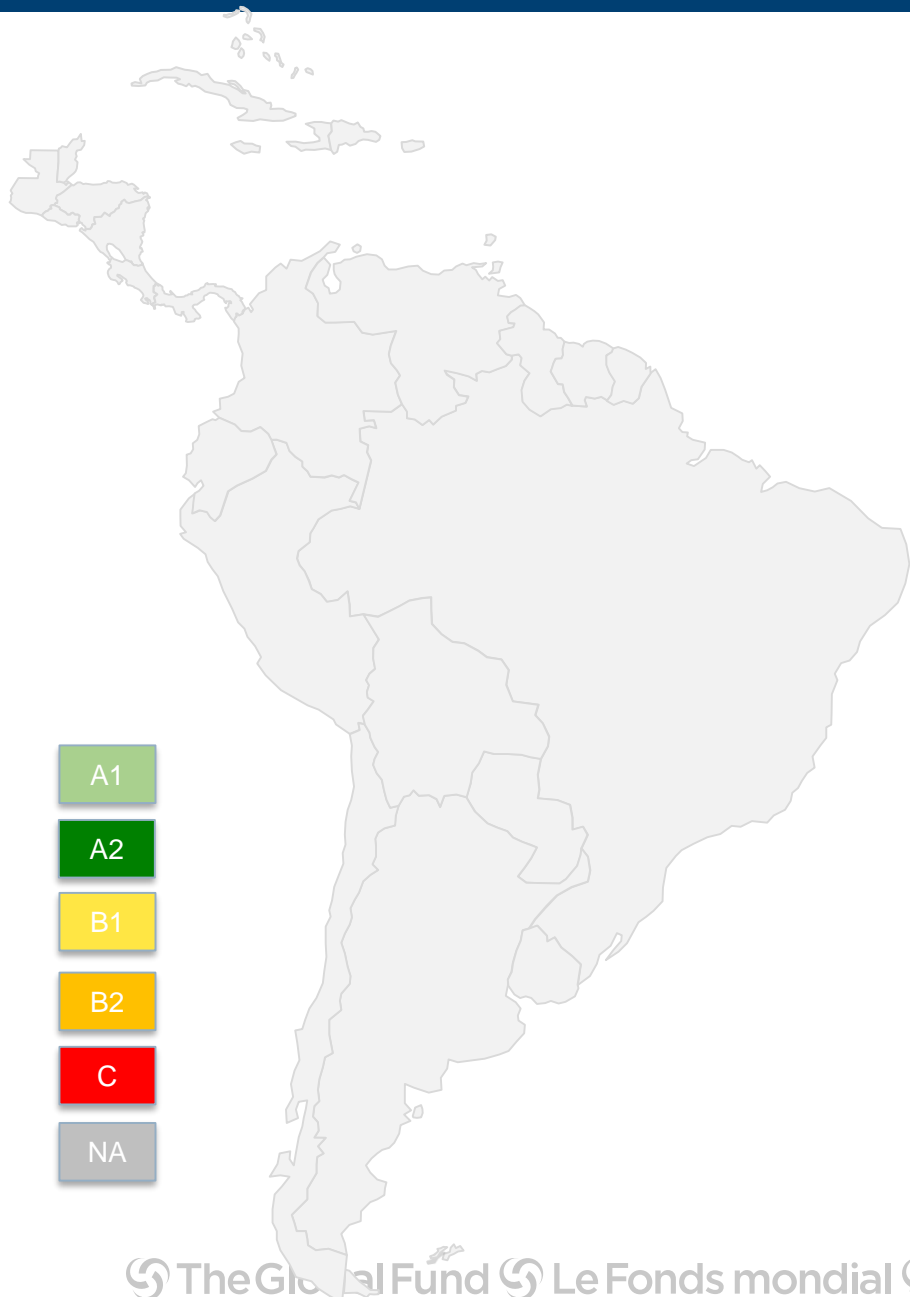
## Distribution by disease component (US\$ million)

	Signed	Disbursed
HIV/AIDS	146.9	68.1
Tuberculosis	60.3	34.8
Malaria	48.1	20.9
HIV/TB	96.0	34.2

## Distribution by implementer (signed)

CSOs	57%
Government	25%
Multilateral	16%
Other	3%

# LAC performance country grants rating overview (IP ended in 2018)



- A1
- A2
- B1
- B2
- C
- NA

## HIV/AIDS \* IP: 2 years;

Budget, M USD	8.2	8.7	9.7	5.1	7	15.2
Burn rate	95%	96%	94%	67%	92%	93%
Performance	A1	A1	A1	A2	A2	B2
Country	BOL	DOM (CONAVIH)	DOM (IDCP)	SLV (MOH)*	SLV (PLAN)*	JAM

## Tuberculosis

Budget, M USD	8.4	9.9	1.1	7.9	6
Burn rate	78%	100%	58%	69%	82%
Performance	A2	A1	B2	B1	B2
Country	DOM	SLV	GUY	NIC	PRY
			Ended 03.2019		

## HIV-TB

Budget, M USD	3.5	4.8	7.2	4
Burn rate	90%	88%	90%	80%
Performance	B1	B2	A1	B2
Country	BLZ	MCC	PAN	SUR
		Ended 03.2019		

## Malaria

Budget, M USD	10.1	10
Burn rate	91%	92%
Performance	B1	A2
Country	NIC	BOL

# LAC performance grants rating overview (active grants)

## HIV/AIDS

Budget, M USD	9.2	6.9	2.1	13.2	16	6.1	27.5	19.5	4.5	15.2	12	8.4	4.4	12.5	2	5.1	3.4
Performance		A2	A2	A1		A2		B1	C	A2		A2		B1		A1	B1
Country	BOL	COL	CRI	CUB	DOM	ECU	SLV	GTM*	GUY	HND	JAM	NIC	PRY	PER	CVC	CARICOM	REDCA

\* GTM includes GTM (HIVOS) and GTM (INCAP)

## Tuberculosis

Budget, M USD	11	4.5	4.2	6.5	6.8	6.1	4.1	2.9	14	6.1
Performance	B1			B1		B1			B1	B2
Country	BOL	DOM	SLV	GTM	GUY	HND	NIC	PRY	PER	ORAS

## HIV-TB

Budget, M USD	1.9	84	3.6	2.7	1.8
Performance		B1			
Country	BLZ	HTI	MCC	PAN	SUR

## Malaria

Budget, M USD	3.8	2	1.6	22	5.4	6.4	2	6.3	6.1
Performance		B1	B2	B1	B1		B1		A2
Country	BOL	SLV	GUY	HTI	HND	NIC	SUR	GTM	EMMIE



# LAC active portfolio overview

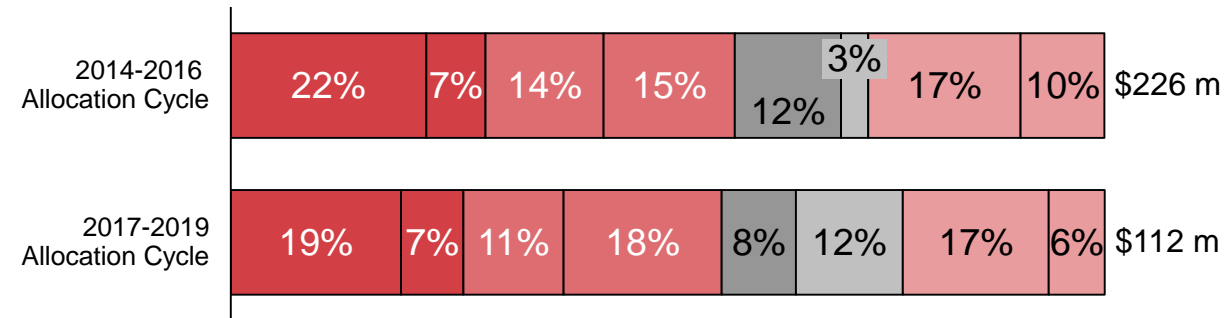
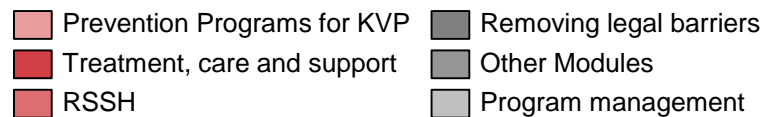
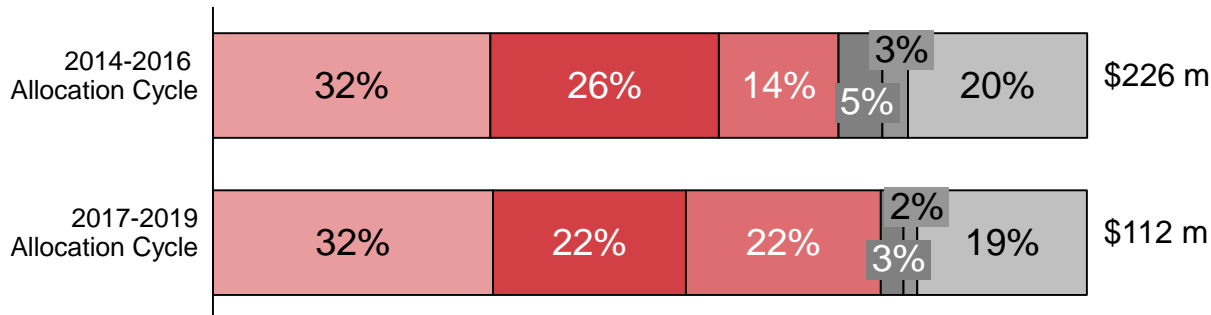
## Budget breakdown by Modules

- Prevention programs for KVP remains the main focus of HIV programs funded by GF (32%)
- Treatment Care and Support remains a significant area of investment (20%)
- Increased investment into RSSH comparing to previous cycle (from 14% to 22%)



## Budget breakdown by Cost Groupings

- Over 25% of budgets are in health products, commodities, health equipment and PSM costs
- 29% are capacity building, technical assistance and program related costs
- HR, indirect and overhead costs are going down in absolute and relative terms (from 27% to 23%)

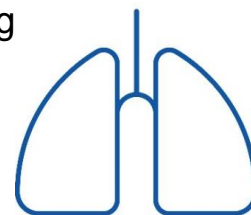




# LAC active portfolio overview

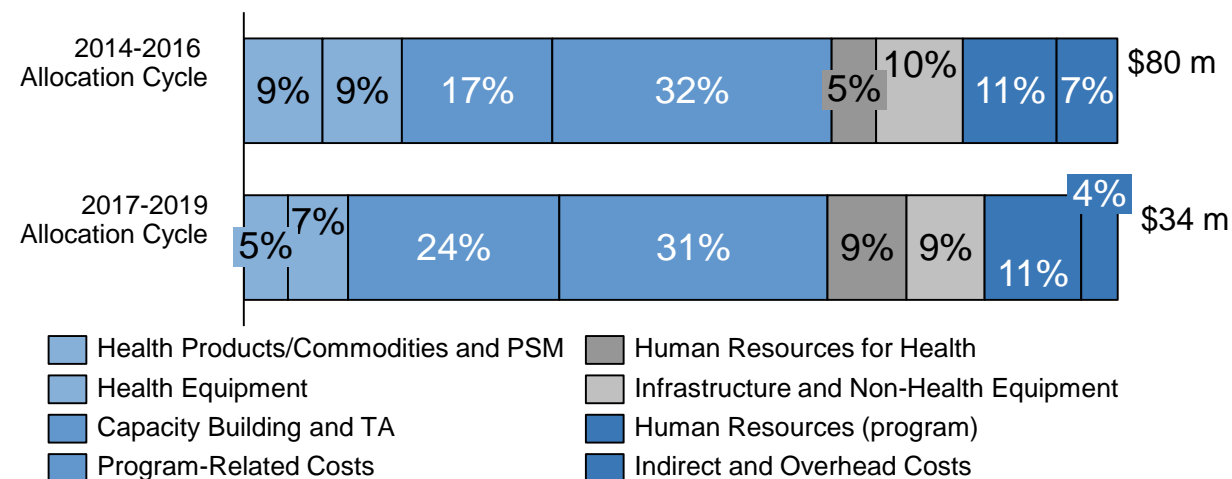
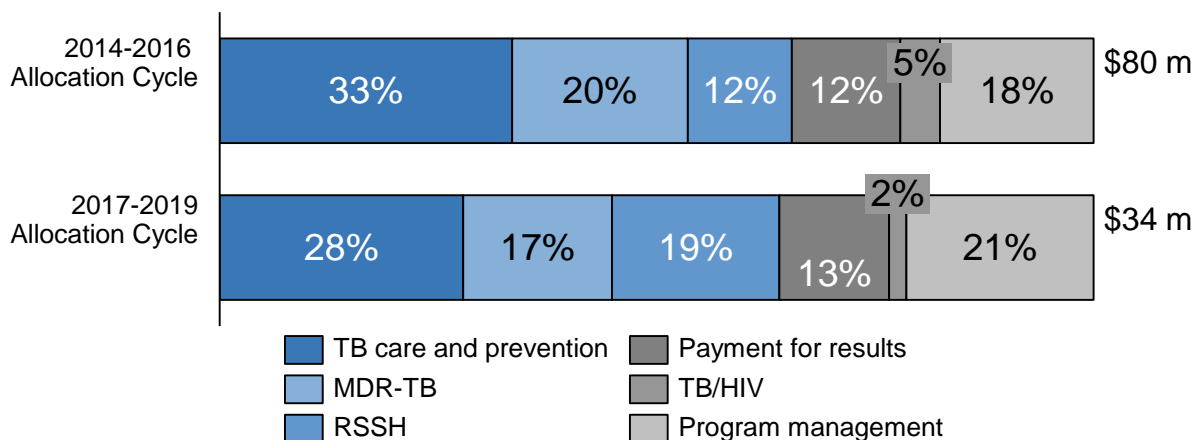
## Budget breakdown by Modules

- TB Care and Prevention remains the main focus of TB programs despite decrease (33% to 28%)
- MDR-TB remains a significant area of investment despite decrease (20% to 17%)
- Significantly increased investment into RSSH comparing to previous cycle (from 12% to 19%)



## Budget breakdown by Cost Groupings

- 50% are capacity building, technical assistance and program related costs (49% to 55%)
- Over 25% of budgets are in health products, commodities, health equipment and PSM costs
- HR, indirect and overhead costs are going down as amount and as % (from 18% to 15%)



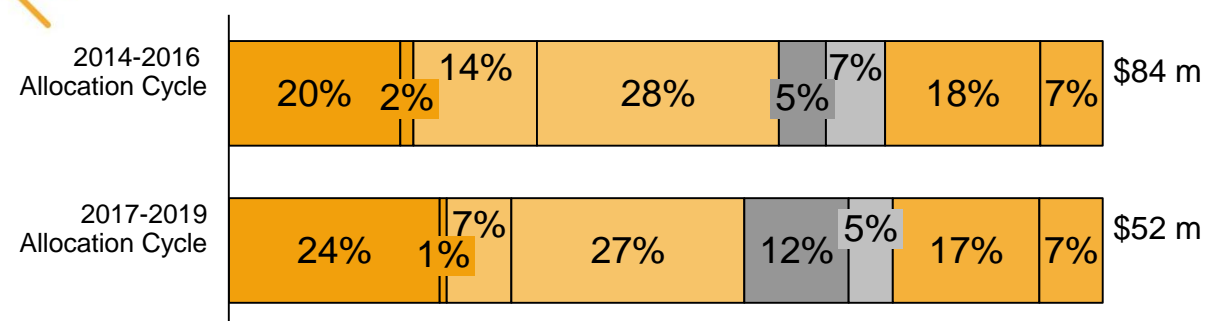
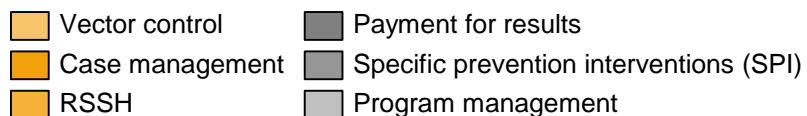
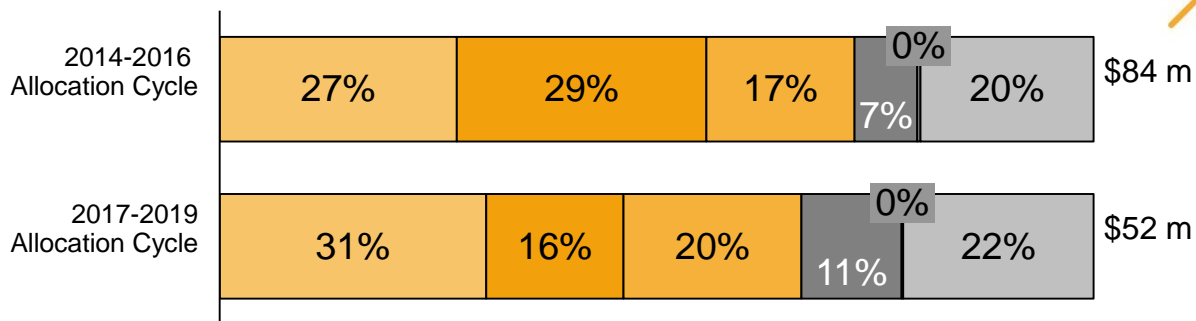
# LAC active portfolio overview

## Budget breakdown by Modules

- Vector Control remains the main focus of Malaria programs (from 27% to 31%)
- Increased investment into RSSH comparing to previous cycle (from 17% to 20%)
- Investment in Case Management has decreased (from 29% to 16%)

## Budget breakdown by Cost Groupings

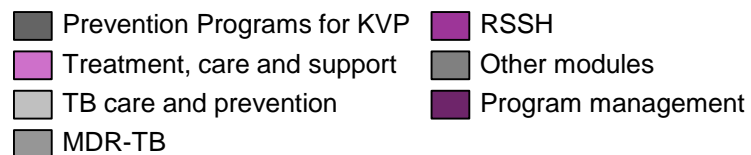
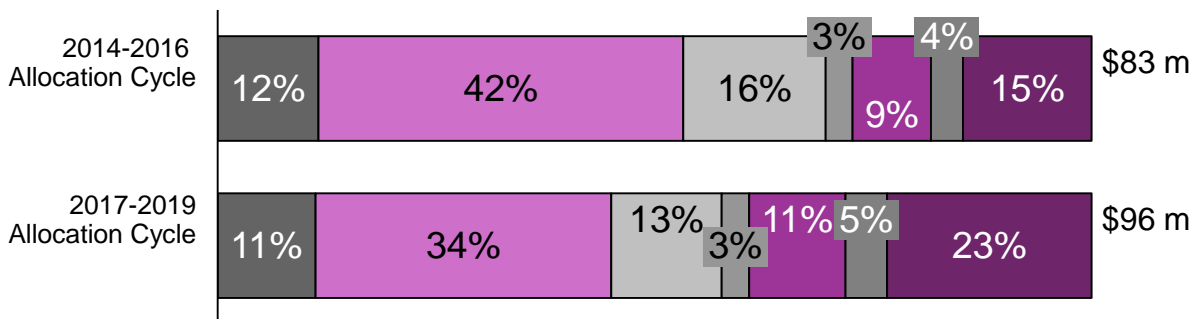
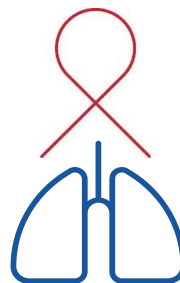
- 25% of budgets are in health products, commodities, health equipment and PSM costs
- 29% are capacity building, technical assistance and program related costs
- HR, indirect and overhead costs remain significant portion of the budgets (25%)



# LAC active portfolio overview

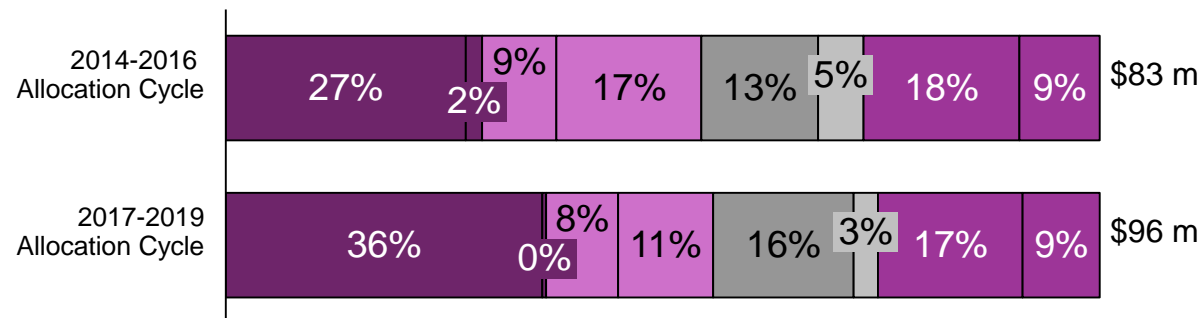
## Budget breakdown by Modules

- Treatment Care and Support remains main focus of HIV-TB programs despite decrease (42% to 34%)
- Increased investment into RSSH comparing to previous cycle (from 9% to 11%)
- Significant increase in Program related costs is solely due to costs in Haiti (15% to 23%)



## Budget breakdown by Cost Groupings

- Increase in health products, commodities, health equipment and PSM costs (29% to 36%)
- Reduced capacity building, technical assistance and program related costs (26% to 19%)
- HR, indirect and overhead costs remain large share of budgets (27% to 26%)



# Overview STC policy implementation: key areas of work

## 04 Enabling Environment

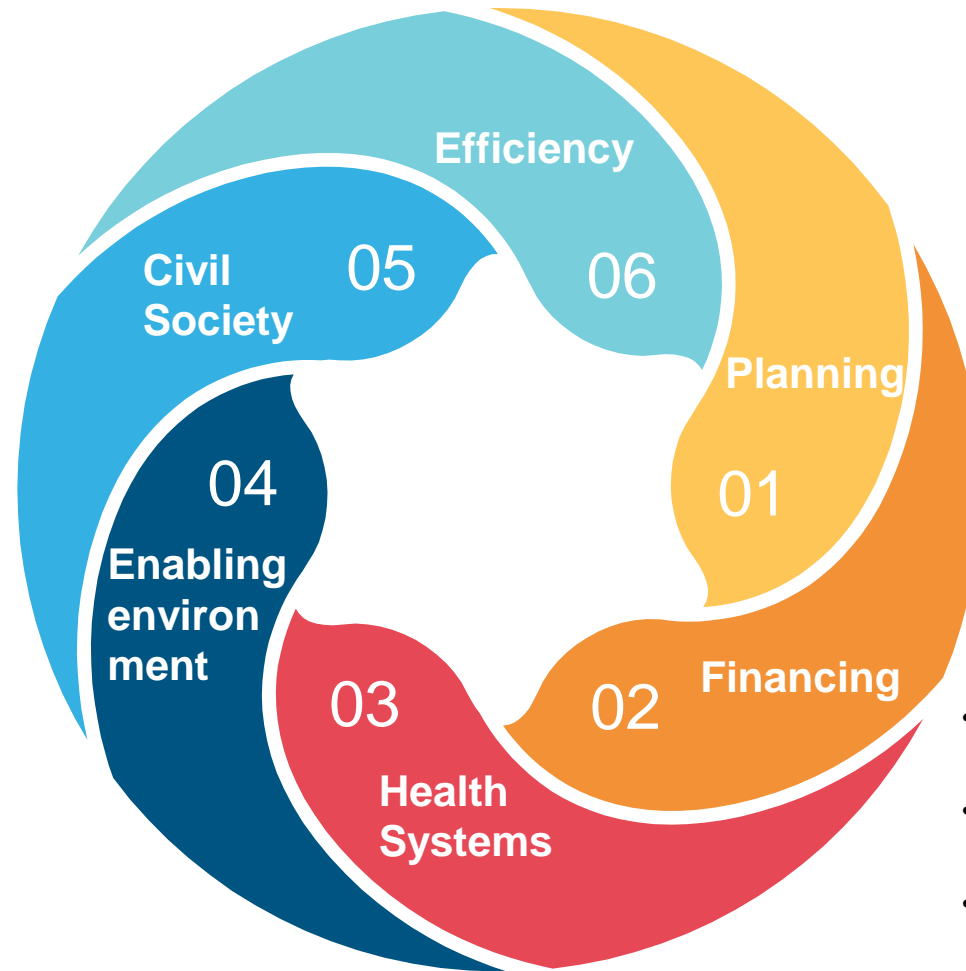
- Insufficient domestic investments to address human rights related barriers, and continued legal and policy environments that restrict access to services

## 05 Civil Society

- Insufficient ability of civil society to continue providing services, engaging in advocacy, and mobilizing sufficient additional resources to ensure a robust continued role in disease responses

## 06 Efficiency

- Sub-optimal use of external and national resources, and need for ongoing integration of vertical disease programs into health systems



## 01 Planning

- Need for greater, early, robust identification of country specific bottlenecks and transition and sustainability planning, aligned with broader country planning and budgeting

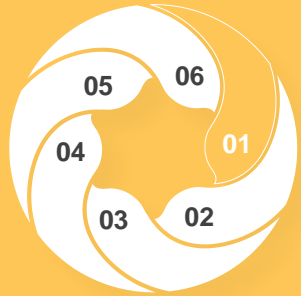
## 02 Financing

- Insufficient domestic financing and co-financing of GF supported interventions, with a particular focus on services for key and vulnerable populations; ongoing treatment financing concerns

## 03 Health Systems

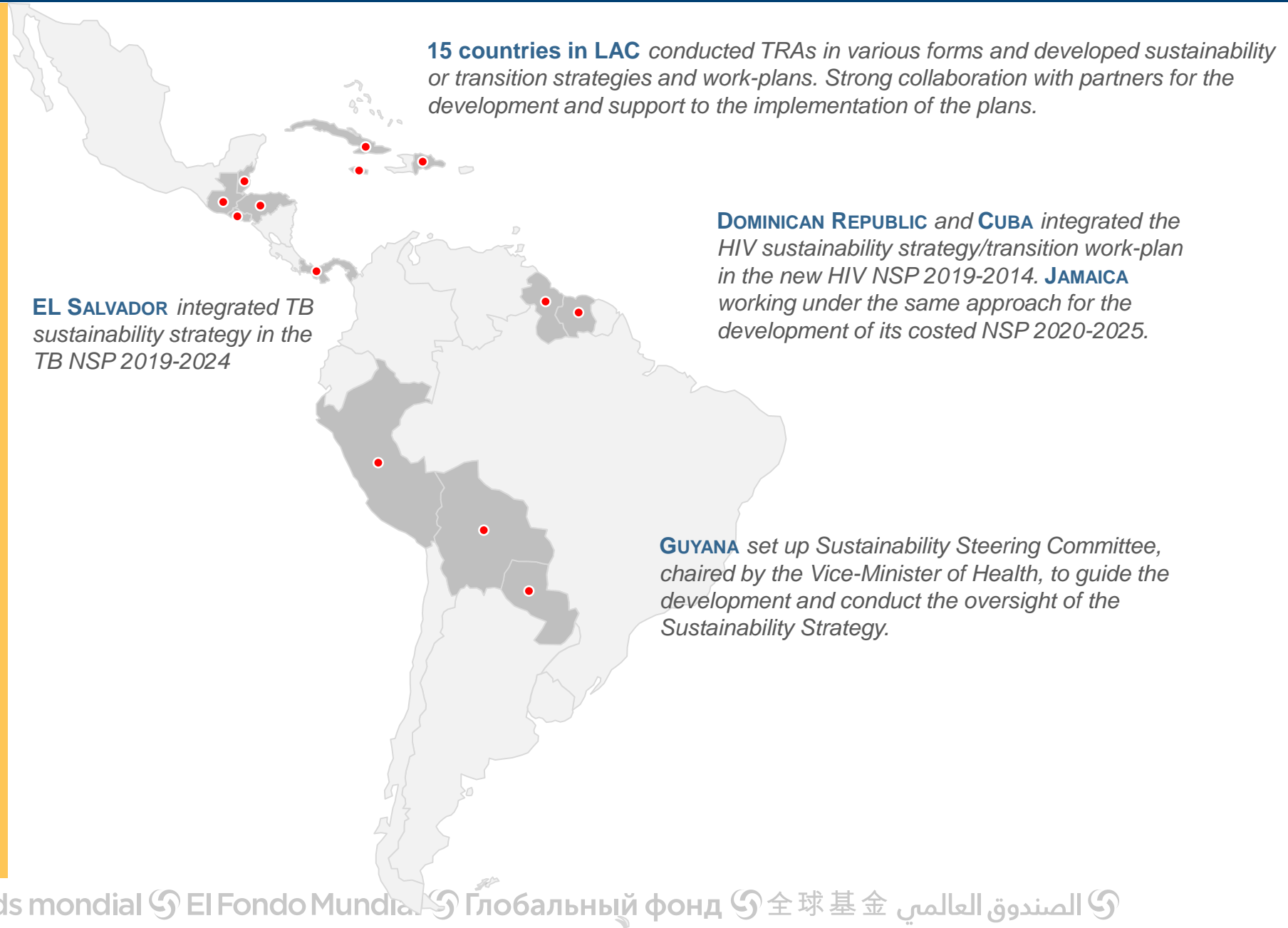
- Limited service integration and need to engage with health system related reforms
- Need for strengthening and aligning monitoring, evaluation, and data systems
- Challenges to ensure continued access to quality-assured health products with domestic finance, including sufficient capacity of domestic procurement systems

# Early Planning: Key areas of support and illustrative examples

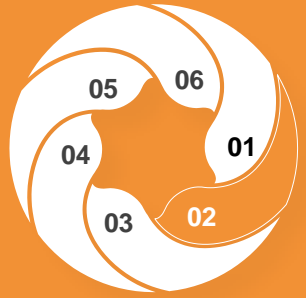


## Planning

- a. Transition Readiness Assessments
- b. Development of sustainability and transition strategies and work plans
- c. Updating of National Strategies and documents
- d. Alignment of Systems (on budget, on system)
- e. Creation of National Working Groups on sustainability and transition

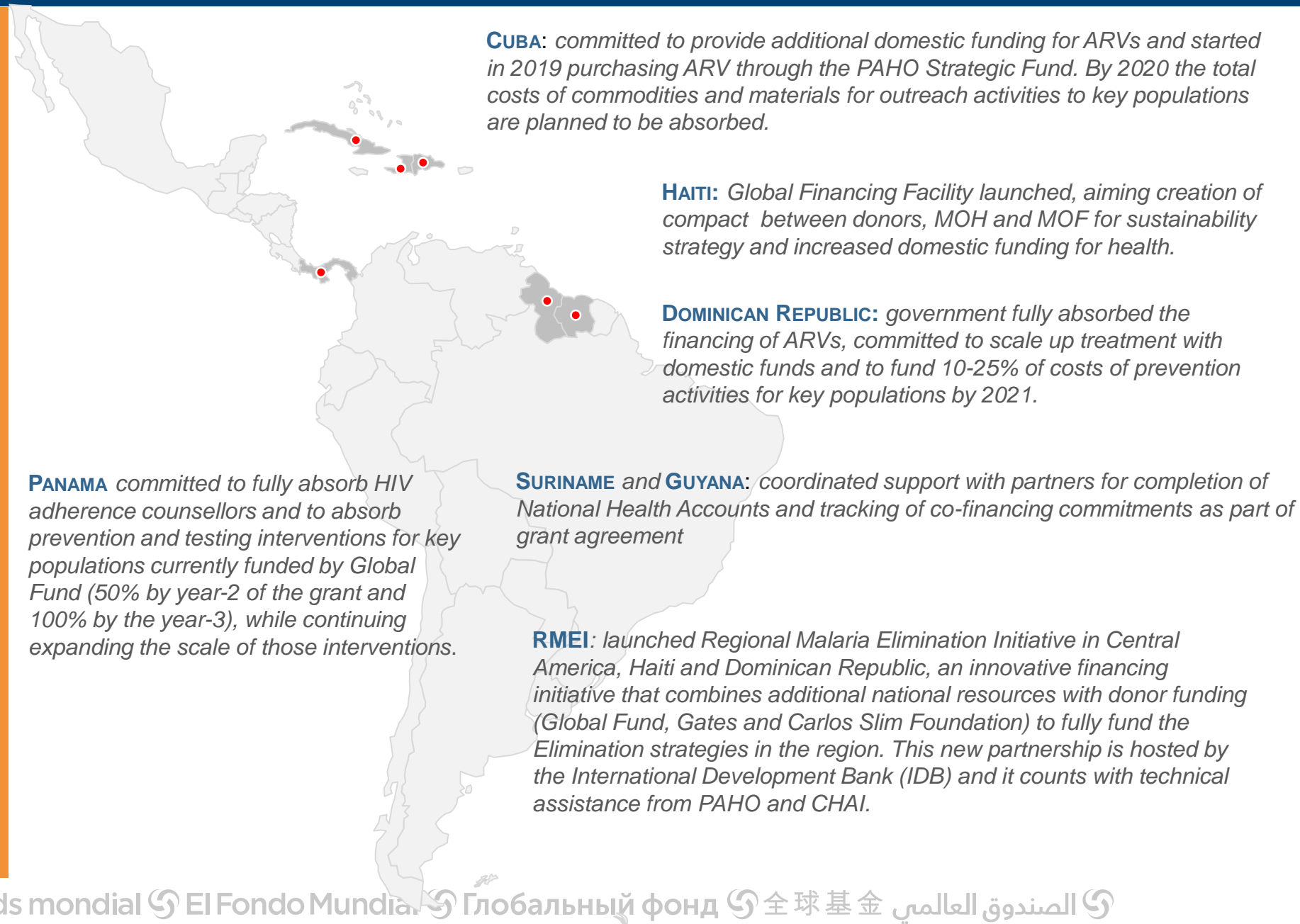


# Financing: Key areas of support and illustrative examples



## Financing

- Emphasis on co-financing commitments to cover key transition risks, **including uptake of services for key populations and critical health system investments**
- Support Health Financing Strategies at country level
- Support National Health Accounts reporting
- Fiscal space analysis support

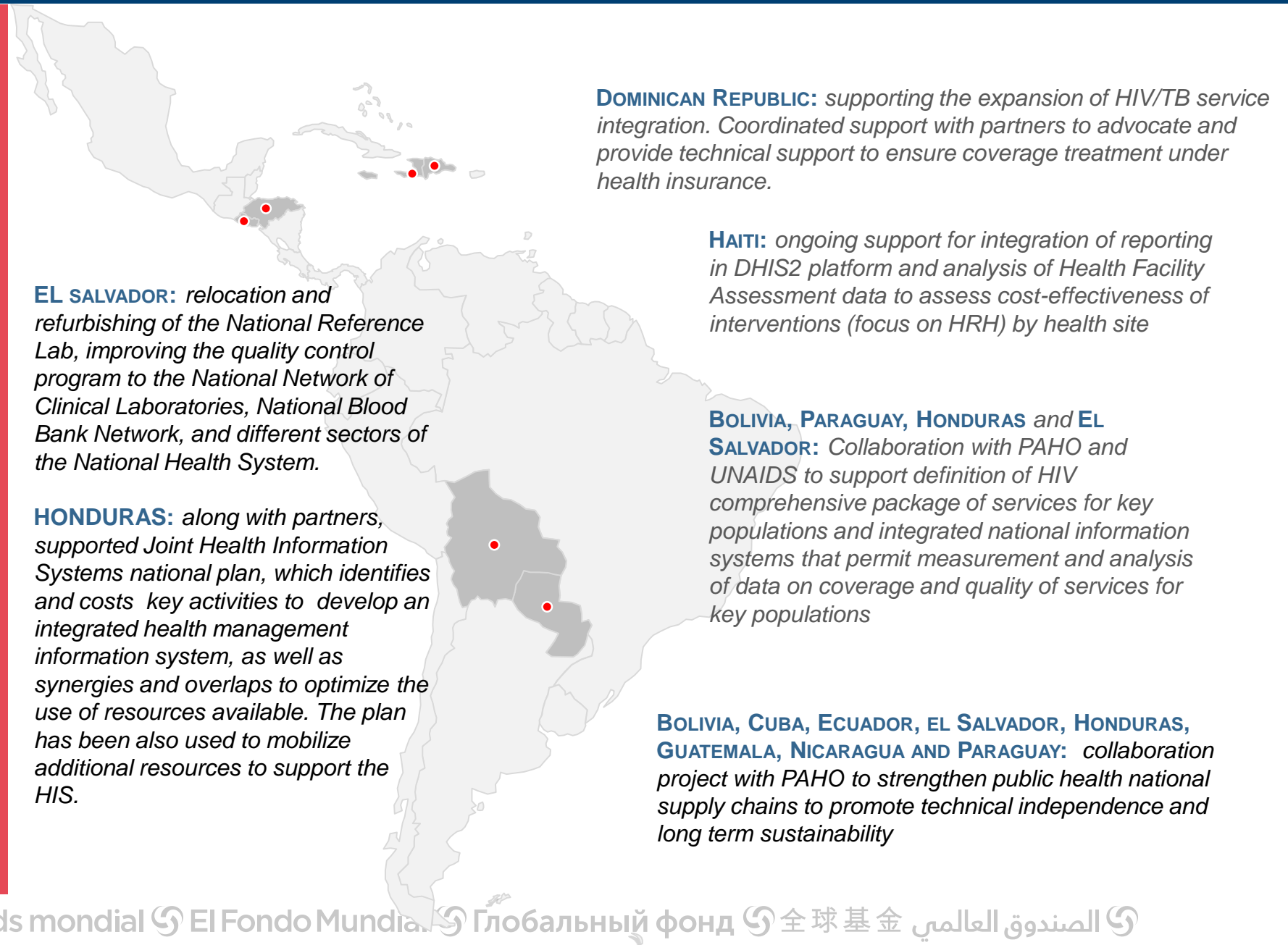


# Health Systems: Key areas of support and illustrative examples

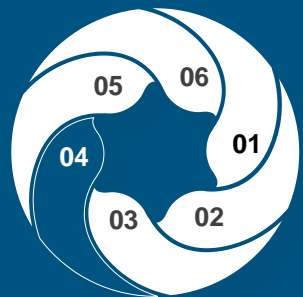


## Health Systems

- Support the definition and costing of HIV and TB service packages and their inclusion in mandatory coverage
- Advocacy for health reforms to improve costs and quality of service provision
- Strengthen national capacities for procurement of quality affordable drugs
- Strengthen M&E system, including integration of reporting

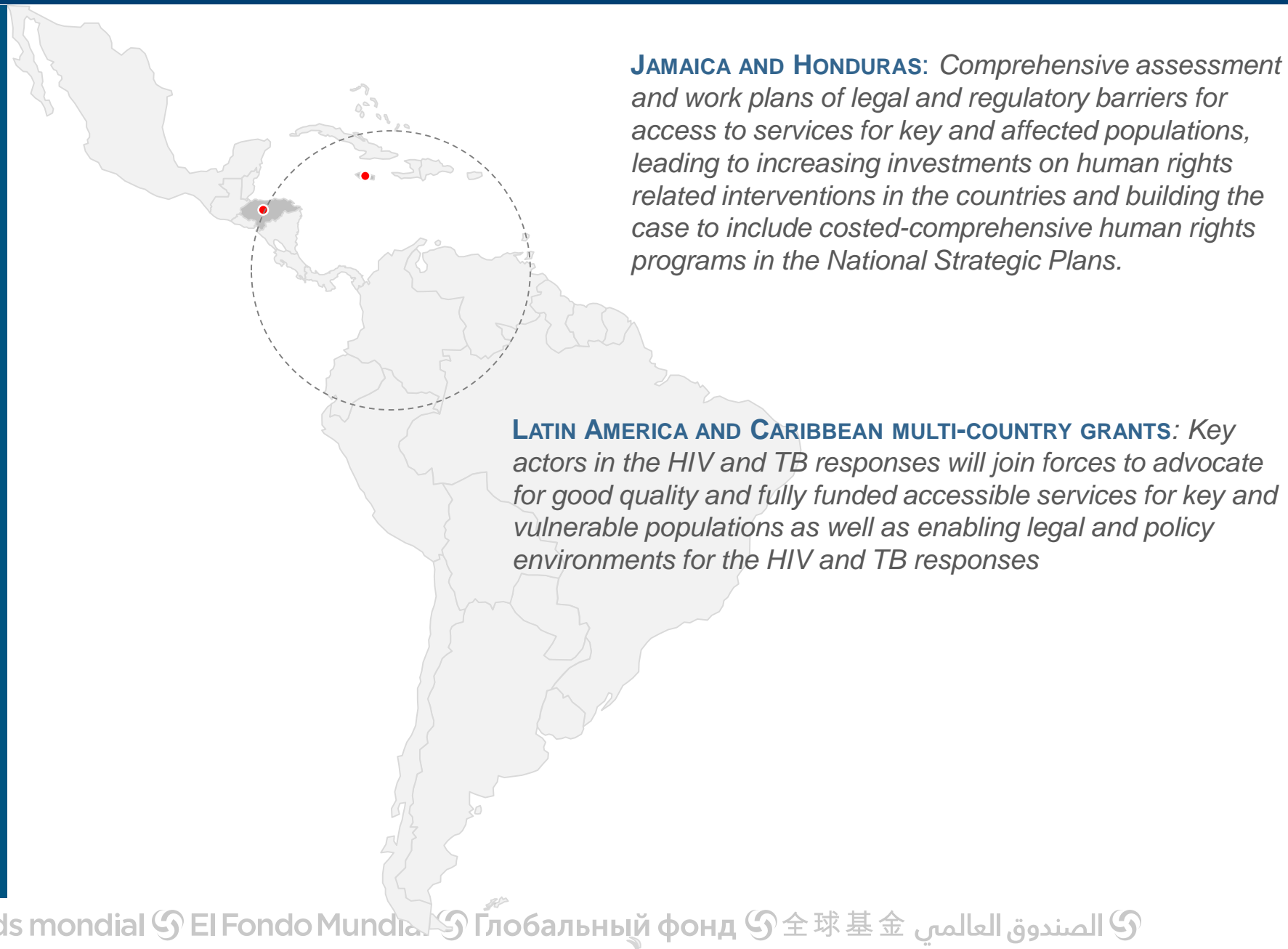


# Enabling Environment: Key areas of support and illustrative examples



## Enabling Environment

- a. Assessment of legal and regulatory barriers for access to services for key affected populations
- b. Support to CSOs for advocacy towards improved access and service quality monitoring
- c. Support CSOs inclusion in decision-making

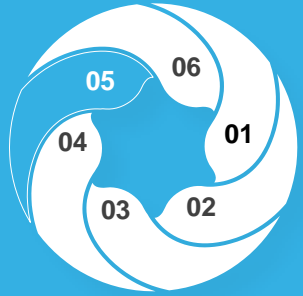


**JAMAICA AND HONDURAS:** *Comprehensive assessment and work plans of legal and regulatory barriers for access to services for key and affected populations, leading to increasing investments on human rights related interventions in the countries and building the case to include costed-comprehensive human rights programs in the National Strategic Plans.*

**LATIN AMERICA AND CARIBBEAN MULTI-COUNTRY GRANTS:** *Key actors in the HIV and TB responses will join forces to advocate for good quality and fully funded accessible services for key and vulnerable populations as well as enabling legal and policy environments for the HIV and TB responses*

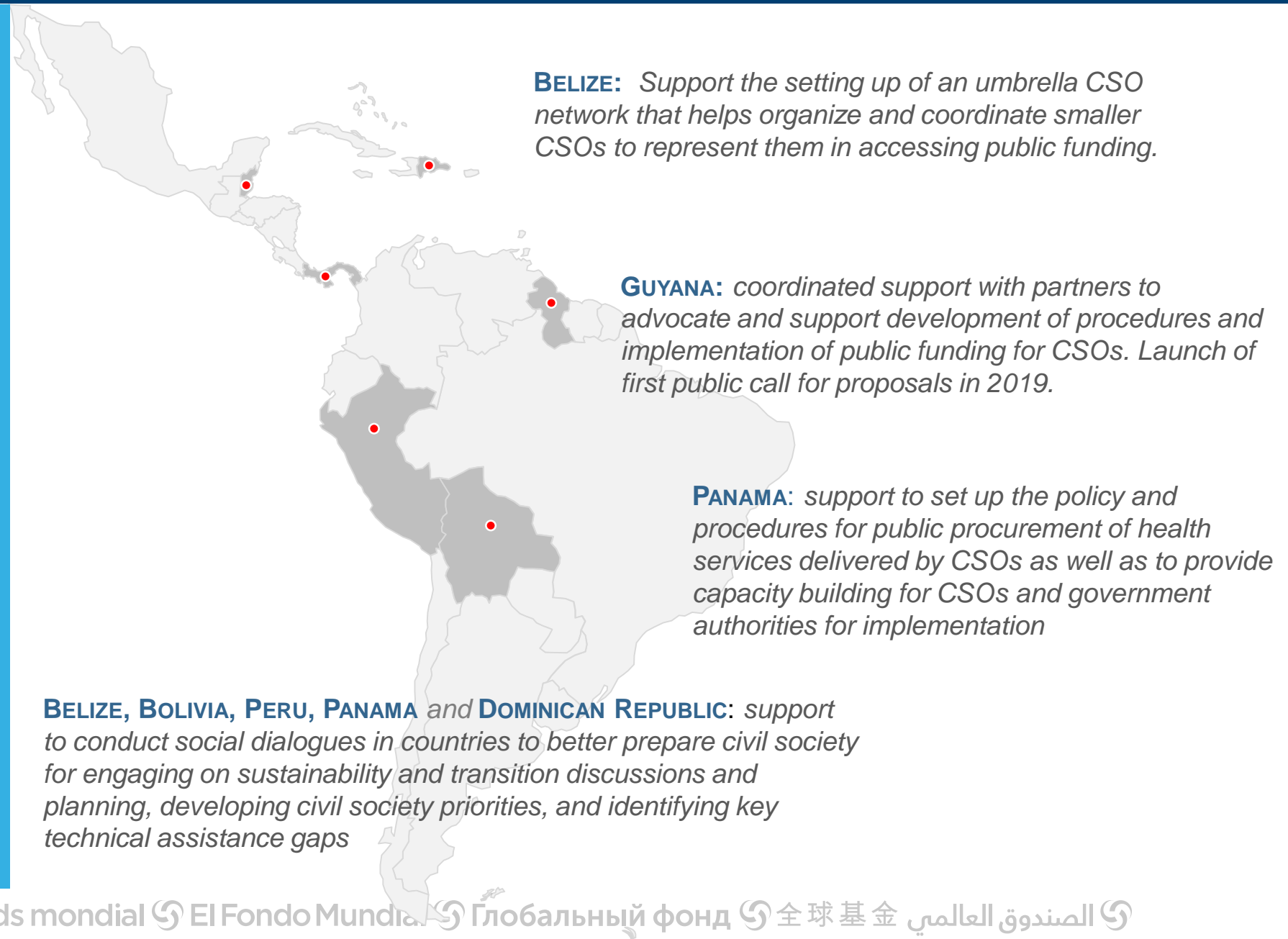


# Civil Society Involvement: Key areas of support and illustrative examples

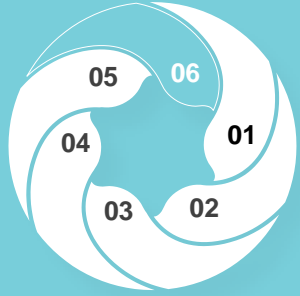


## Civil Society

- Capacity building for CSOs to access public funding
- Support to MOH/CCM in the assessing optimal arrangements for public procurement of health services delivered by CSOs
- Budget advocacy for CSOs
- Step-by-step support to organizing public procurement of health services delivered by CSOs (from technical specifications, to contracts, to M&E)

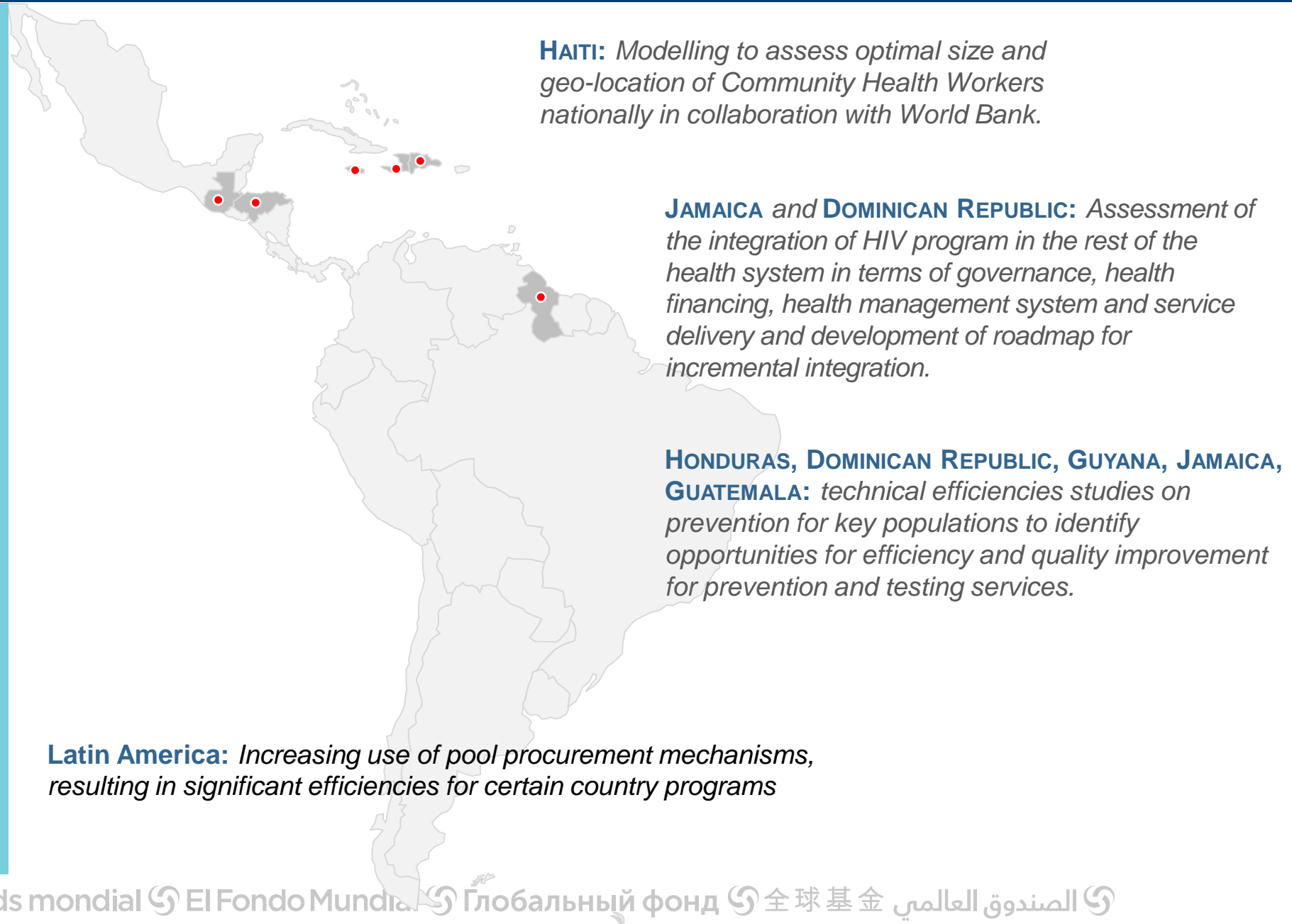


# Efficiency: Key areas of support and illustrative examples



## Efficiency

- Support allocative efficiency studies
- Supporting technical efficiency (costing) studies
- Treatment and service delivery integration and optimization
- Encouraging cross-programmatic integration analysis



- Regional priorities
- Multi-country grants
- CCM funding
- Working with others

# CCM funding

- The GF is applying Performance based funding for CCM Funding Agreements since 2016. However to help CCMs adapt this has been done in a gradual manner, the objective is not to penalize CCMs but to ensure our investment on having a strong CCM Secretariat and a performing CCM focusing on value for money.
- As an example, here below the kind of information we share with the CCMs every year:

“Please note that the Indicator 1 of the Performance Framework requires Secretariat’s evaluation to be completed annually by the CCM; Secretariat is free to design the methodology for the assessment (it can be for example a short questionnaire completed anonymously by CCM members). What is important for us is that the results of the assessment are then shared and discussed during a CCM meeting (by the end of September 2018).

“We would like also to remind you that, since the CCM Funding is performance-based, a missed compliance with the Performance Framework will imply a reduction of next year’s disbursement of up to 20% of the annual envelope.”

- Regarding on how we are applying the model along the portfolio, in 2018 we have applied the reduction in 47 cases across the organization, 4 were from LAC (Ecuador, Guatemala, Jamaica y Suriname). In 2019, the following:
  - **Belize:** reduction Year 2 disbursement of 3% (USD 1,050) mainly for not updating improvement plan nor the partner portal. Even if indeed technical issues are faced, the CCMs (in general not only Belize) wait for the reporting deadline to update the information.
  - **OECS:** reduction Year 2 disbursement of 2% (USD 3,553) mainly for not updating improvement plan nor the partner portal. Please note that even if a reduction was applied the absorption rate for year 1 was 78% so in principle it won’t affect the implementation of the activities but should promote a discussion in the RCM on how to improve.
  - **PANCAP:** reduction Year 3 disbursement of 3% (USD 3,000) for same reasons as above. Again we understand the issues but if the Secretariat don’t update the information regularly we (CCM hub and FPAs) are not able to follow up on the issues and request support to IT.
- Important to note that many of the CCMs are not executing the full funding and as such even with the reductions at this time are able to fully fund the second year budgets. However, it is an important message for the future where reductions will increase based on performance.

# LAC Global Fund- Partnership Map



- ▶ Advocacy for the End-TB, HIV Fast-Track and malaria elimination targets
- ▶ Align policy objectives in support to national planning, updating guidelines, policy and regulatory frameworks
- ▶ EMTCT validation and Malaria Elimination certification
- ▶ Review and optimization of the national responses and service delivery models
- ▶ Strengthening disease surveillance and health information systems
- ▶ Strategic Fund as procurement option for countries using national resources
- ▶ Review Collaboration and support with countries to update and implement latest recommendations and guidelines for HIV, TB and Malaria



- ▶ Advocacy for HIV Fast -Track targets
- ▶ Collaborate to establish reliable PLHIV and KP size estimates and strengthen HIV strategic information
- ▶ Jointly support countries in reviewing the national HIV response and HIV service delivery models
- ▶ Advocacy for domestic financing and transition



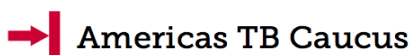
- ▶ Alignment of support to HIV programs
- ▶ Joint advocacy and planning with Governments on policies and domestic funding of the response



- ▶ Collaboration on strengthening on data systems, including campaign to close gap in LTFU
- ▶ Strengthening of laboratories and capacity building of national HIV programs



- ▶ Advocacy for financing and implementation of End TB Strategy
- ▶ Supply of quality-assured medicines
- ▶ Jointly support countries to strengthen data systems and use



- ▶ Advocacy with MPs for financing and implementation of End TB Strategy



- ▶ Joint planning and supporting of Civil Society activities, including KPs
- ▶ Close collaboration on supporting development and implementation of social contracting mechanisms and support of Sustainability and Transition planning



- ▶ Collaboration on Regional Malaria Initiatives and network on Guyana Shield
- ▶ Support to countries to develop communication strategies and materials on Malaria prevention and treatment



- ▶ Micro-planning and technical assistance to all countries in the Regional Malaria Elimination Initiative



- ▶ Regional Malaria Elimination Initiative in Central America, Haiti and DR: first blended finance initiative for GF that pools together contribution from domestic sources, GF, Gates and Carlos Slim Foundation
- ▶ Partnership in Guyana and Suriname and crescent number of joint engagement in new countries



- ▶ Joint implementation of flagship course for Centro America countries.
- ▶ Increasing collaboration on health systems strengthening activities in several countries (i.e. Haiti, Paraguay)



- ▶ Support to strengthen engagement with Ministries of Finance and Budget Units



- ▶ Coordination role with Governments in Central America and increasing support to monitor implementation of grants and engagement in policy advocacy



- ▶ Collaboration to support PMTCT efforts (i.e. Haiti)

This mapping outlines some key strategic partnership of LAC to meet the strategic objectives. The list of partners included here focuses on technical partners, rather than national agencies, civil society organizations or bilateral TA providers.

