Latin America and the Caribbean

Update LAC Board Constituency

14 May 2019



Content

Overview Global Fund investment in LAC

Overview implementation STC policy in LAC

Brief updates

Global Fund Investment

Total Invested:

\$41.1 billion

2,135 grants in 179 countries and multicountry projects

\$ 2.2 Billion 260 grants in 36 countries

Americas:

5.3%

of total disbursed



Europe:

3.9% of total disbursed

\$ 9.7 Billion

629 grants in 44 countries

Asia:

23.6%

of total disbursed

\$ 27.2Billion

\$ 1.6

Billion

120 grants in 15 countries

1072 grants in 70 countries

Africa:

66.2%

of total disbursed

\$ 0.4 Billion 40 grants in 4 countries

Oceania:

0.9%

of total disbursed

Latin America and Caribbean Results: At Glance

HIV/AIDS:

278,170
748,066
880,560

PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV
HIV TESTS PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES

Tuberculosis:

74,108

1,879

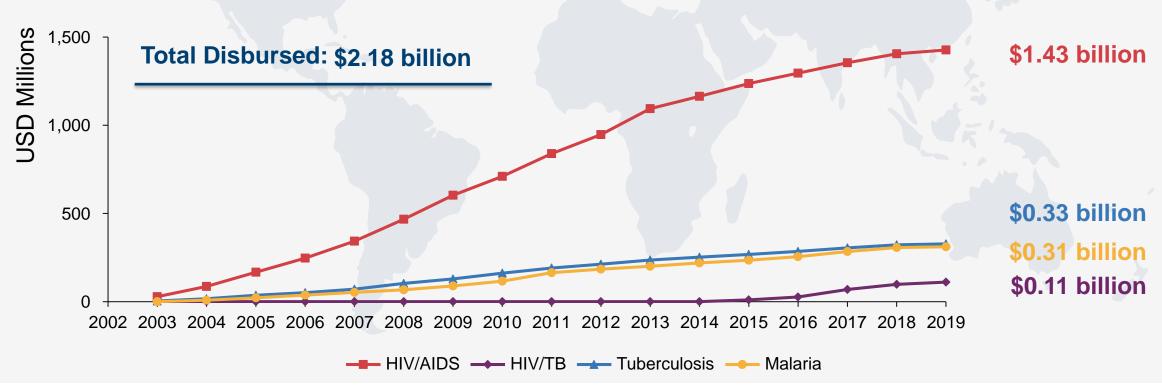
PEOPLE WITH TB
TREATED

PEOPLE WITH
DRUG-RESISTANT
TB ON TREATMENT

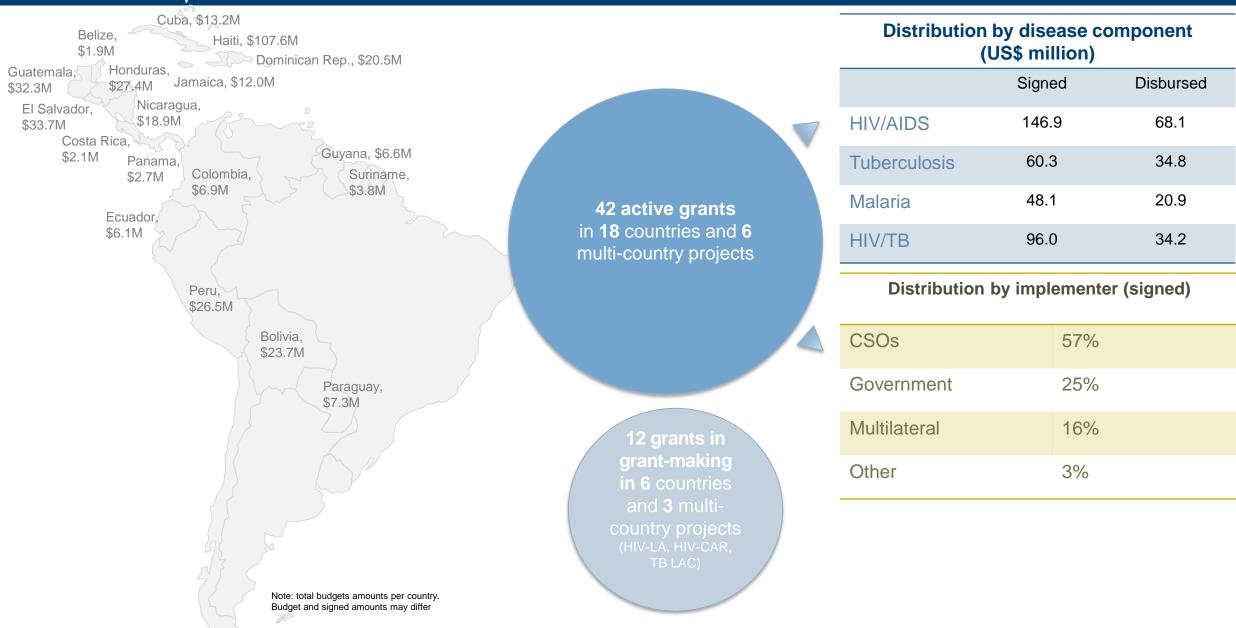
Malaria:

853,250
40,086

Mosquito Cases of Malaria Treated

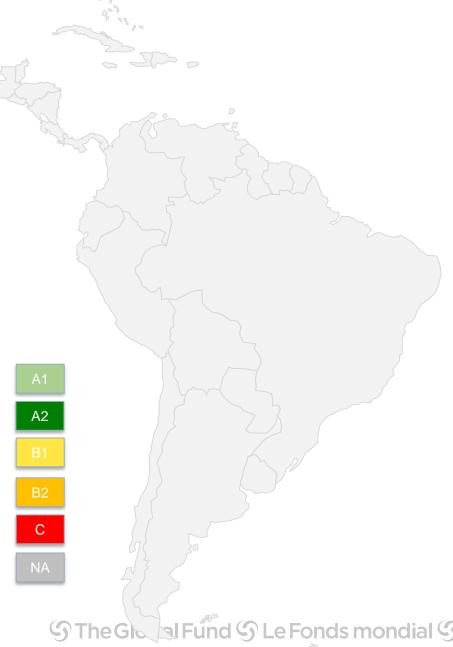


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LAC performance country grants rating overview (IP ended in 2018)



HIV/AIDS * IP: 2 y

Budget, M USD	8.2	8.7	9.7	5.1	7	15.2
Burn rate 95% Performance A1		96% 94%		67%	92%	93%
		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 27.5 12 12.5 9.2 6.9 2.1 13.2 16 6.1 19.5 4.5 15.2 8.4 4.4 Α1 A2 B1 Performance BOL CRI CUB DOM ECU SLV GTM* GUY HND NIC PER Country COL JAM PRY * GTM includes GTM (HIVOS) and GTM (INCAP) Tuberculosis Budget, M USD 4.2 2.9 6.1 11 4.5 6.5 6.8 6.1 4.1 14 B1 Performance BOL DOM SLV GTM GUY HND NIC PRY PER Country ORAS **HIV-TB** Budget, M USD 1.9 84 3.6 2.7 1.8 B1 Performance BLZ MCC PAN SUR Country

Malaria

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



5.1

A1

CARICOM

CVC

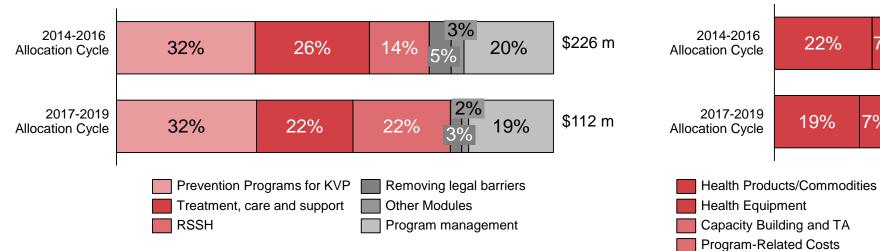
3.4

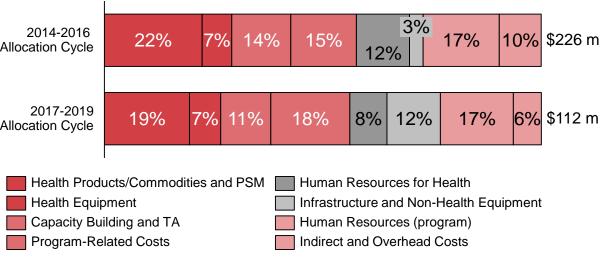
REDCA

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%)

- 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%)

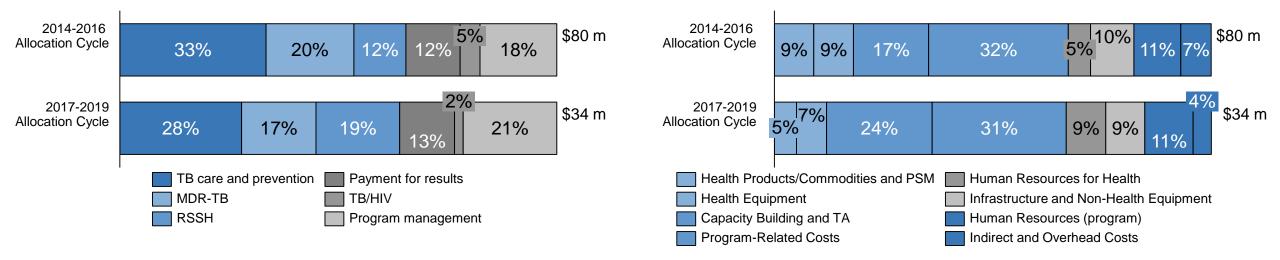




Budget breakdown by Modules

- 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%)

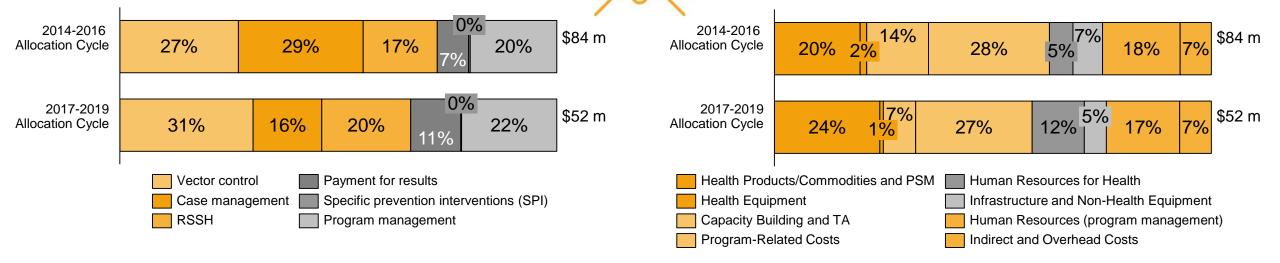
- 50% are capacity building, technical assistance and program related costs (49% to 55%)
- Over 25% of budgets are in health products, commodities, health equipment and PSM costs
- HR, indirect and overhead costs are going down as amount and as % (from 18% to 15%)



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%)

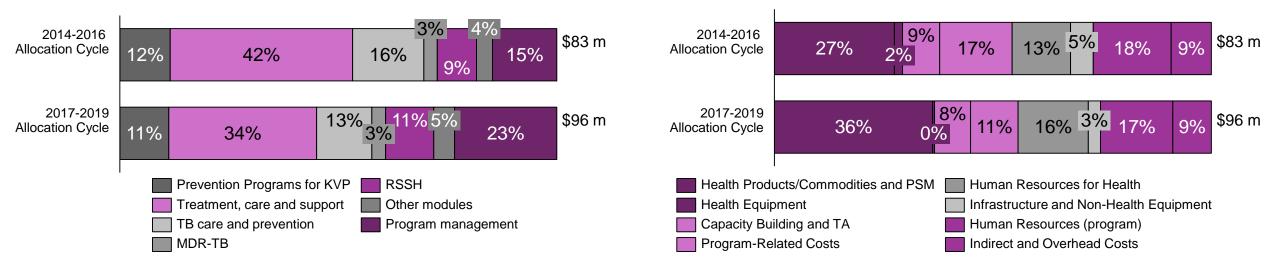
- 25% of budgets are in health products, commodities, health equipment and PSM costs
- 29% are capacity building, technical assistance and program related costs
- HR, indirect and overhead costs remain significant portion of the budgets (25%)



Budget breakdown by Modules

- Treatment Care and Support remains main focus of HIV-TB programs despite descrease (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%)

- 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

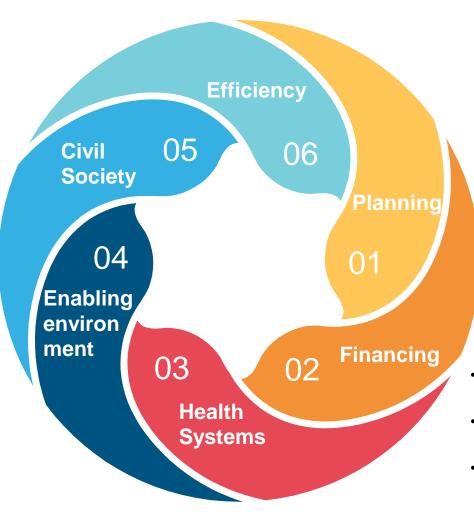
 Insufficient domestic investments to address human rights related barriers, and continued legal and policy environments that restrict access to services

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

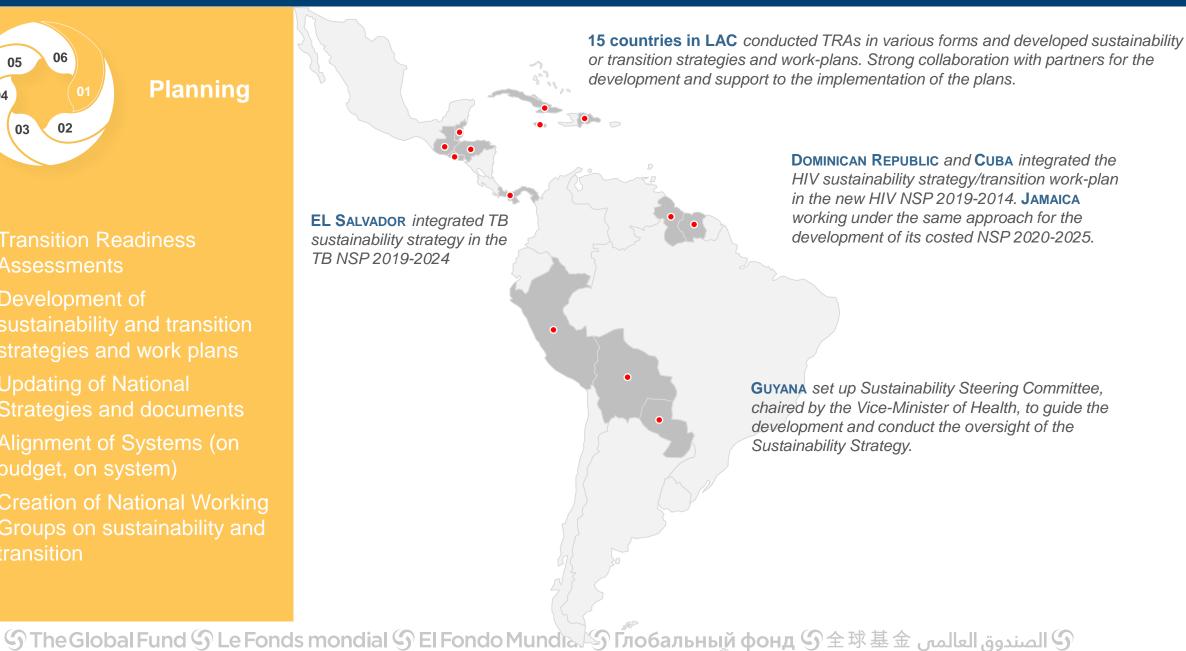
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Early Planning: Key areas of support and illustrative examples



Planning

- Transition Readiness
- strategies and work plans
- Strategies and documents
- Alignment of Systems (on budget, on system)
- Groups on sustainability and transition



Financing: Key areas of support and illustrative examples



Financing

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

CUBA: committed to provide additional domestic funding for ARVs and started in 2019 purchasing ARV through the PAHO Strategic Fund. By 2020 the total costs of commodities and materials for outreach activities to key populations are planned to be absorbed.

HAITI: Global Financing Facility launched, aiming creation of compact between donors, MOH and MOF for sustainability strategy and increased domestic funding for health.

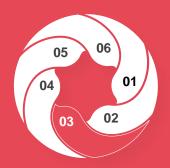
DOMINICAN REPUBLIC: government fully absorbed the financing of ARVs, committed to scale up treatment with domestic funds and to fund 10-25% of costs of prevention activities for key populations by 2021.

PANAMA committed to fully absorb HIV adherence counsellors and to absorb prevention and testing interventions for key populations currently funded by Global Fund (50% by year-2 of the grant and 100% by the year-3), while continuing expanding the scale of those interventions.

Suriname and Guyana: coordinated support with partners for completion of National Health Accounts and tracking of co-financing commitments as part of grant agreement

RMEI: launched Regional Malaria Elimination Initiative in Central America, Haiti and Dominican Republic, an innovative financing initiative that combines additional national resources with donor funding (Global Fund, Gates and Carlos Slim Foundation) to fully fund the Elimination strategies in the region. This new partnership is hosted by the International Development Bank (IDB) and it counts with technical assistance from PAHO and CHAI.

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
- b. Advocacy for health reforms to improve costs and quality of service provision
- c. Strengthen national capacities for procurement of quality affordable drugs
- d. Strengthen M&E system, including integration of reporting

refurbishing of the National Reference Lab, improving the quality control program to the National Network of Clinical Laboratories, National Blood Bank Network, and different sectors of the National Health System.

HONDURAS: along with partners, supported Joint Health Information Systems national plan, which identifies and costs key activities to develop an integrated health management information system, as well as synergies and overlaps to optimize the use of resources available. The plan has been also used to mobilize additional resources to support the HIS.

DOMINICAN REPUBLIC: supporting the expansion of HIV/TB service integration. Coordinated support with partners to advocate and provide technical support to ensure coverage treatment under health insurance.

HAITI: ongoing support for integration of reporting in DHIS2 platform and analysis of Health Facility Assessment data to assess cost-effectiveness of interventions (focus on HRH) by health site

BOLIVIA, PARAGUAY, HONDURAS and EL SALVADOR: Collaboration with PAHO and UNAIDS to support definition of HIV comprehensive package of services for key populations and integrated national information systems that permit measurement and analysis of data on coverage and quality of services for key populations

BOLIVIA, CUBA, ECUADOR, EL SALVADOR, HONDURAS, GUATEMALA, NICARAGUA AND PARAGUAY: collaboration project with PAHO to strengthen public health national supply chains to promote technical independence and long term sustainability

Enabling Environment: Key areas of support and illustrative examples

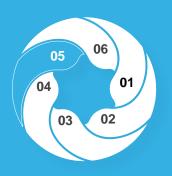


- Assessment of legal and regulatory barriers for access to services for key affected populations
- b. Support to CSOs for advocacy towards improved access and service quality monitoring
- c. Support CSOs inclusion in decision-making

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

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

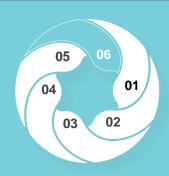
BELIZE: Support the setting up of an umbrella CSO network that helps organize and coordinate smaller CSOs to represent them in accessing public funding.

GUYANA: coordinated support with partners to advocate and support development of procedures and implementation of public funding for CSOs. Launch of first public call for proposals in 2019.

PANAMA: support to set up the policy and procedures for public procurement of health services delivered by CSOs as well as to provide capacity building for CSOs and government authorities for implementation

BELIZE, BOLIVIA, PERU, PANAMA and DOMINICAN REPUBLIC: support to conduct social dialogues in countries to better prepare civil society for engaging on sustainability and transition discussions and planning, developing civil society priorities, and identifying key technical assistance gaps

Efficiency: Key areas of support and illustrative examples



Efficiency

- a. Support allocative efficiency studies
- b. Supporting technical efficiency (costing) studies
- c. Treatment and service delivery integration and optimization
- d. Encouraging crossprogrammatic integration analysis

HAITI: Modelling to assess optimal size and geo-location of Community Health Workers nationally in collaboration with World Bank.

JAMAICA and DOMINICAN REPUBLICATION AND ADMINICATION AND ADMIN

Jamaica and Dominican Republic: Assessment of the integration of HIV program in the rest of the health system in terms of governance, health financing, health management system and service delivery and development of roadmap for incremental integration.

HONDURAS, DOMINICAN REPUBLIC, GUYANA, JAMAICA, GUATEMALA: technical efficiencies studies on prevention for key populations to identify opportunities for efficiency and quality improvement for prevention and testing services.

Latin America: Increasing use of pool procurement mechanisms, resulting in significant efficiencies for certain country programs

Brief updates

- 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

WUNAIDS

- ► 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

Stop (B) Partnership

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

→ Americas TB Caucus

▶ 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

President's Malaria Initiative Fighting Malaria and Saving Lives

- ► 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.

Key take-aways

