SAT Information Workshop on the Global Fund New Funding Model and Community Systems Strengthening

28 February-1 March 2014
Crossroads Hotel, Lilongwe
Overall Objective

- To review and analyze the national disease strategies and identify gaps in information or evidence.
- Review lessons learned from programming supported by or focusing on priorities of civil society and key populations.
- Take stock of evidence available to justify programming focusing on KPs and other priority programming areas.
- Review and analyze the changes relevant to CS in the new funding model and changes to CSS and clarify roles of the civil society in the NFM.
- Identify appropriate partnerships and collaborations to manage ongoing work in the development of a robust and relevant funding proposal.
- Develop an effective advocacy strategy for civil society constituents in the CCM and Global Fund board constituencies.
- Improve understanding of the Investment Framework and how marginalized groups (including KPs) can act as critical enablers.
Expected Outcome

• Agreed work plan and division of labor for next steps in the country dialogue process
• Agreed information sharing and outreach strategies to CCM and relevant partners.
• Agreed civil society priority interventions informed by the national disease strategies, and focusing on investments in Human Rights, Gender, CSS
Agenda at a glance

Day 1: Understanding the NFM
• What’s New in the GF New Funding Model
• Understanding National Disease Strategies (NDS)
• Understanding the Investment Framework, Critical Enablers, and Engagement of Marginalized Groups and Key Populations
• Understanding the Importance of Human Rights in the NFM

Day 2: Seizing the Opportunity
• Continued discussion on questions from Day 1, with special focus on development of a road map
• Understanding the Disease Modules and CSS
• Closing and next steps
What is the Global Fund?

• The Global Fund is an independent public-private partnership mandated:
  – To raise and disburse substantial new funds
  – To operate transparently and accountably
  – To achieve sustained impact on HIV/AIDS, TB, and malaria
Global Fund Guiding Principles

1. Operate as a financial instrument, not as an implementing entity
2. Make available and leverage additional financial resources
3. Support programs that reflect country ownership and respect country-led formulation and implementation
4. Operate in a balanced manner in terms of different regions, diseases and interventions
5. Pursue an integrated, balanced approach to prevention, treatment and care
6. Evaluate proposals through independent review processes
7. Establish a simplified, rapid and innovative grant-making process and operate transparently, with accountability. The fund should make use of existing international mechanisms and health plans.
8. Focus on performance by linking resources to the achievement of clear, measurable and sustainable results.

Source: Global Fund Framework Document

January 2012
Core Slideset
Partnership Approach to Governance

A diverse partnership reflected in the Board and Country Coordinating Mechanisms

- Donors
- Recipient Countries
- Private Sector
- Private Foundations
- Public Sector (Governments and Agencies)
- Civil Society
- Private Sector
- Technical Agencies and Partnerships
- NGOs from Global North
- NGOs from Global South
- WHO
- UNAIDS
- World Bank
- UNITAID
- RBM
- Stop TB Partnership...
The Global Fund Board

**Donor Country Governments (8 seats)**
Assigned according to how much money the countries contribute. One seat is often shared by several donor countries.

**Developing Country Governments (7 seats)**
- Africa (2)
- Europe
- Americas
- Eastern Mediterranean
- South-East Asia
- Western Pacific

**Civil Society and Private Sector (5 seats)**
- Developing Country NGOs
- Developed Country NGOs
- Communities of People Living with the Diseases
- Private Foundations
- Private Sector

**Non-voting Seats (6 seats)**
- World Health Organization (WHO), UNAIDS, Partners (Roll Back Malaria, Stop TB, UNITAID), Global Fund, World Bank, Board-designated Swiss member
CCM Eligibility Requirements

1. Transparent and inclusive concept note development process
2. Open and transparent PR(s) selection process
3. Oversight planning and implementation
4. CCM membership of affected communities, including and representing people living with diseases and of people from and representing Key Affected Populations
5. Processes for electing non-government CCM member
6. Management of conflict of interest on CCMs
New funding model: features

- Bigger impact
- Flexible timings
- Predictable funding
- Streamlined process
- Encourage ambitious vision
What’s New in the GF New Funding Model

• End of rounds based funding, every proposal should ultimately end in a grant
• Country Dialogue process to develop a proposal based on National Disease Plan or strategic investment case
• Emphasis on stakeholder engagement: focusing on KPs, gender and Human Rights throughout
• Revision of the M&E metrics—replaces service delivery areas (SDAs) with disease components and programming modules linked to budget and measurement
• Define allocations for each country based on income and burden of disease measures
• Incentive pool to encourage full expression of demand
• Single concept note HIV/TB
What stays the same

• Value for money principles
• Country investment according to means
• Dual track financing (CSO and Gov’t PRs)
• Regional, multi country and Non CCM proposals
• CCM role
  – 6 minimum standards are maintained and strengthened through annual CCM audit
  – Transparency/accountably and access to support
Process: the Single CN in the New Funding Model

- National Strategic Plan determined by country
- Concept Note (full expression of demand) 2-3 months
- Grant Making 1.5-3 months
- Ongoing Country Dialogue
- Grant Implementation 3 years

- Joint program reviews where possible, but at least joint participation
- No requirement for joint NSPs
- Joint Country Dialogue

- Single HIV and TB Concept Note

- CCM can continue to choose the implementers that are most appropriate given the country context
Country Dialogue

• Clear understanding of the national epidemic based on epidemiological data, with specific analysis related to human rights, gender and key populations, and other barriers that affect access to health services.

• Open and transparent process that is inclusive Government, civil society, private sector, human rights experts; networks of key populations as well as women’s organizations; PLHD, and other technical and financial partners – including the Global Fund.
Key populations served by the Global Fund funded programs include

*all persons* living with and affected by HIV, tuberculosis and malaria, including:

• Women
• Children
• Sex workers
• People who inject drugs
• Men who have sex with men
• Transgender persons
• Prisoners
• Refugees
Concept notes

➢ **Section 1:** Define the problem and assess response to date.

➢ **Section 2:** Understand the funding landscape.

➢ **Section 3:** Prioritize funding needs and choose best response for highest impact.

➢ **Section 4:** Ensure appropriate implementation capacity and risk mitigation.
The CCM is responsible for:

• Coordinating Global Fund applications for funding
• Selecting the Principal Recipient(s)
• Overseeing the implementation of the approved grant
• Ensuring linkages and consistency between Global Fund grants and other national health and development programs
• Participating in the national strategic plan discussions at country level

• **Convening and coordinate inclusive country dialogue.** This means, ensuring that **all key stakeholders** in the country are consulted during all parts of the Global Fund funding model. **Especially people who live with or are affected by the diseases.**
Challenge: denial of existence of certain populations

What to do

- Gather evidence – anecdotes, reports, testimony
- Ask technical partners (UN agencies, WHO) and regional networks to help reinforce the existence of key populations
- Escalate to Fund Portfolio Manager if these actions are ineffective
Challenge: exclusion of key populations and others from country dialogue

What to do

- Document what happened – who, what, where, when, how
- Get support from regional or global key populations networks
- Escalate it to the Fund Portfolio Manager, Regional Manager or Community, Rights and Gender Department at the Global Fund Secretariat
Challenge: interventions approved in the concept note are not included in the grant

What to do

• Monitor the interventions and detailed budget during grant-making and after grant-signing
Challenge: only token representatives are part of the country dialogue

What to do

- Organize civil society, build solidarity and unite behind legitimate representatives
- Hold your CCM representatives accountable for consulting in advance and reporting back after the meetings
Challenge: frank discussion about human rights or other difficult topics is shut down

What to do

- Know what human rights treaties your country has signed and ratified: these are binding legal obligations
- UNAIDS says addressing human rights is essential for strategic investments – use this in your arguments
- Make sure the Global Fund Technical Review Panel and Grant Approvals Committee know the discussions were shut down. Communicate this through the Fund Portfolio Manager
Questions To consider

• What does CS need to do to take advantage of the opportunity of the NFM?
• What support do your reps on the CCM need?
• Are there stakeholders missing from the discussion so far, how can they be brought on board?
• How can Malawi bring in experience from CS in the region?