The Shifting Landscape and What it Means to our Work on Vertical Transmission

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• Where we are?
• What has changed?
• What are the priorities now?
• Maximizing impacts?
• What next?
Where are we now?

- Global commitments:
- MDGs
- ‘getting to zero’ – UNAIDS strategy 2011-15
- WHO health sector strategy 2011-15
- The Global Plan for the elimination of New Paediatric infections and keeping mothers alive
- The Global Fund Strategy 2011-16
The Board:  
1. In light of current resource constraints, adopts the **measures identified in Annex 1** in order to make available resources to provide for continuation of essential prevention, treatment and/or care services by current grantees.  
2. Agrees to **establish a Transitional Funding Mechanism** as described in Annex 2 in order to provide this continuation funding.  
3. Decides to **convert Round 11 into a new funding opportunity** consistent with the new Global Fund 2012-2016 Strategy, with a view towards funding proposals under the new model beginning in early 2014. Round 11 proposals that are updated as appropriate may form the basis for an application for the next funding opportunity.
Financing trend in Recent Years

USD billions

Commitments (Enacted Amounts)

Disbursements

Source: UNAIDS, Kaiser Foundation, 2011
GDP Growth Rates for 2009
What are the priorities now?

• Internal
  – Reorganization to focus on core business (grant management)
  – Make (technical) Partnerships work
• Reprogramming
• Transitional Funding Mechanism

| Vision | A world free of the burden of HIV/AIDS, tuberculosis and malaria with better health for all |
| Mission | To attract, manage and disburse additional resources to make a sustainable and significant contribution in the fight against AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the MDGs |
| Guiding principles | • Being a financing instrument • Additionality • Sustainability • Country ownership | • Multi-sectoral engagement • Partnership • Integrated, balanced approach • Promoting human right to health | • Performance-based funding • Good value for money • Effectiveness and efficiency • Transparency and accountability |
| Goals | 10 million lives saved¹ over 2012-2016 140-180 million new infections prevented over 2012-2016 |
| | Global plan | Global Fund leading targets for 2016 | Indicators for other selected services |
| Targets² (2016) | HIV / AIDS | UNAIDS 2011 Investment Framework and UNGASS Declaration June 2011 | 7.3 million people alive on ARTs | • PMTCT: ARV prophylaxis and/or treatment • HIV testing and counseling • Prevention services for MARPs • Male circumcision |
| | TB | Global Plan to Stop TB 2011-2015 | 4.6 million DOTS treatments (annual) 21 million DOTS treatments over 2012-2016 | • HIV co-infected TB patients enrolled on ARTs • MDR-TB treatments |
| | Malaria | RBM Global Malaria Action Plan 2008 and May 2011 updated goals and targets | 90 million LLINs distributed (annual) 390 million LLINs distributed over 2012-2016 | • Houses sprayed with IRS • Diagnoses with RDTs • Courses of ACT administered to confirmed malaria cases |
UNAIDS investment framework

**CRITICAL ENABLERS**

**Social enablers**
- Political commitment and advocacy
- Laws, legal policies and practices
- Community mobilization
- Stigma reduction
- Mass media
- Local responses to change risk environment

**Programme enablers**
- Community centered design and delivery
- Programme communication
- Management and incentives
- Procurement and distribution
- Research and innovation

**BASIC PROGRAMME ACTIVITIES**

- **Key populations at higher risk** (particularly sex workers and their clients, men who have sex with men, and people who inject drugs)
- **Eliminate new HIV infections among children**
- **Behaviour change**
- **Condom promotion and distribution**
- **Treatment, care and support for people living with HIV**
- **Voluntary medical male circumcision** (in countries with high HIV prevalence and low rates of circumcision)

**SYNERGIES WITH DEVELOPMENT SECTORS**
Social protection, Education, Legal reform, Gender equality, Poverty reduction, Gender-based violence, Health systems (incl. STI treatment, Blood safety), Community systems, and Employer practices.

**OBJECTIVES**

- Stopping new infections
- Keeping people alive
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Strategic Reprogramming: Current thinking

Reprogramming consists of three elements:

• Review of current grant

• Review of the portfolio taking into account: new epidemiology, current performance of all grants, new and existing bottlenecks, new technologies and external and internal financial resources

• Reallocation of budget and program activities to enhance high impact interventions among key population groups.
Focus on countries with highest investments

- 85-95% of investment in 50 countries
- 50% of investment in 11-12 countries for each disease

Number of countries

% of committed amounts

- HIV
- TB
- Malaria

* Active grants
Less than 50% of resources spent on prevention and treatment in HIV grants in Zambia

US$ 185,886,398

- Treatment: 34%
- TB/HIV: 32%*
- Supportive Env: 14%
- Prevention: 14%
- HSS: 3%
- Care & Support: 3%

*98% on Program management and administration
Grant life cycle and reprogramming entry points

Proposal Development  Grant Negotiation  Year 1  Year 2  Year 3  Year 4  Year 5  Year 6

First implementation period

Pre-assessment and CCM invitation

Grant Renewals

Second implementation period

CCM request for continuation of essential services

Expiring Grants/TFM

Portfolio review

Strategic Portfolio Review

Portfolio review

Reprogramming Request

Grant Renewals Panel

Technical Review Panel

Global Fund Board

Reprogramming entry points

Differentiated TRP involvement

28 Feb 2012

TRP consultation, Geneva
Transitional Funding Mechanism and eMTCT

TRANSACTIONAL FUNDING MECHANISM (TFM)
FREQUENTLY ASKED QUESTIONS (FAQ)

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