

Global Fund Engagement Paper Stop TB Partnership Secretariat

The purpose of this document is to present an approach of engagement that will ensure success of the fight against TB through the Global Fund and that will leverage the Partnership network for action.

Introduction

While the major share of funding for tuberculosis programs come from domestic sources, the Global Fund to Fight AIDS, Tuberculosis and Malaria has over the past decade emerged as the single largest source of external funding for national programs, currently providing more than four fifths of international funding for TB detection and treatment worldwide.

Ensuring that the Global Fund is endowed with the largest possible commitment of resources across the 3 diseases; that an appropriate amount of Global Fund funding flows to countries for TB programs; and that funding allocated through the Global Fund is allocated according to needs and spent as efficiently as possible, should therefore be top priorities for the Stop TB Partnership.

Under the Stop TB Partnership Operational Strategy 2013-2015, the Stop TB Partnership Secretariat has been charged under Strategic Goal 1 and 2 to facilitate “meaningful and sustained collaboration among partners” and to “increase political engagement [...] and to double external financing for TB from 2011 to 2015”, with a particular focus on the Global Fund.

Taking into consideration Operational Strategy, the human and financial resources available (and expertise) - we consider that the Secretariat main role should be focused on identifying areas for joint efforts, suggest prioritization of actions, propose, facilitate and coordinate action by the partners. The Secretariat is in an unique position to promote collaboration, information sharing coordination and engagement of partners through its position on the Global Fund Board (via the Partners constituency) and the GF Board Committees, the TB Disease Committee and the Grant Approval Committee.

2013 is a crucial year for the Global Fund and the countries that are dependent on its funding. The Fund’s 2014-2016 Replenishment is taking place in a challenging environment with a number of its major donors facing budget constraints.

At the same time, the Global Fund is rolling out its New Funding Model which demands a significant change in the way implementing countries prepare application and interact with the Global Fund to secure future funding.

In early 2013, under the new funding model of the Global Fund, TB received only about USD 200 million of the 1.9 billion uncommitted funds. The reason for this was a relatively large amount of already committed (but yet undisbursed) funds for 2013-2014 for TB, amounting to a total of nearly 2 billion USD. In order that countries receive adequate new funding allocation for TB in the funding cycle 2014-2016, it is important that the already committed funds for TB are rapidly disbursed and spent effectively on high impact interventions. In addition, a large amount of undisbursed funds in the pipeline is not good from the Global Fund replenishment perspective.

This plan identifies a set of actions that could support the Global Fund, TB community overall and implementing countries achieving the best possible outcomes.

The Stop TB Partners each have unique strengths, resources, and expertise, which – when coordinated in a concerted action towards a common goal – can have a dramatic impact for good.

The proposed actions are not meant to be exhaustive but provide a starting point for discussions of how to work together to solve the immediate challenges related to the Global Fund.

The plan is separated into three areas of work:

1. Advocacy support of the Global Fund replenishment;
2. Engagement with the Global Fund Board and secretariat to ensure optimal contribution to the development of the New Funding Model for TB and ensure proper assistance to countries for their applications for funding under the NFM;
3. Creation of the TB Situation Room as an urgent, specific and time limited intervention to strengthen and boost the existing work being undertaken by TBTEAM and the Stop TB Partnership secretariat for the absorption of the Global Fund TB pipeline of nearly 2 billion USD.

Each of the three areas of work sets out objectives, identifies the target of the action, suggests activities and necessary actions, clarifies what action the Partnership Secretariat proposes and can deliver, the actions that partners should engage, and sets out a time line with milestones.

The Secretariat proposes that each work area is kicked off by a partner meeting/ conference call/web conference to discuss the proposed actions, add/change these based on partner input, identify the partners willing to take the lead and participate, and nominate representatives for a group that can take the plan forward.

The coordination plan in support of the Global Fund is the first of several such plans that the Partnership Secretariat will forward to the partners in the coming months. Each one will propose concerted action around a priority area in order to address bottlenecks and larger challenges in the global fight against TB. As a result we can jointly accelerate progress and impact against TB leading up to the 2015 MDG deadline and beyond.

1. Replenishment of the Global Fund

Objectives

- *To contribute to a successful and fully replenished Global Fund and making TB visible in the debate, in particular with regard to its global funding needs and gaps.*

Influencers

The key target audience for this activity are potential funders, in particular Board members with a keen interest in tackling TB in addition to HIV and Malaria. These funders include in particular the United States, Canada, Japan, and European countries, including the UK and Germany.

Suggested activities

The Partnership Secretariat will aim at providing the necessary tools to partners that support the “why money is needed for TB” rationale in the context of Global Fund replenishment.

Examples include:

- Joint Workshop with WHO and the GF on the Demand Forecast
- Support the replenishment efforts in Brussels, Colombo - Sri Lanka, Ottawa- Canada
- Contribution to selected publications together with key partners
- Inclusion of replenishment-related messaging into articles and statements (e-alerts, speeches, meetings, op-ed)
- Sharing and ensuring coordination of partners around the correct and joint messaging; development of fact sheet on GF financing needs in TB.

The role of the Partnership Secretariat

In line with the Operational Strategy, the Partnership Secretariat will focus its work on

- a) Direct advocacy efforts
- b) Accessing and analyzing relevant information on TB funding needs and translating them into clearly understandable messaging;
- c) Providing relevant information to partners
- d) Coordinating partners and ensuring coherent messaging

2. The New Funding Model

Objectives

This year is extremely important for the New Funding Model with the following key sub-areas of work:

1. Roll-out of the new funding model (NFM)

The Global Fund has announced the list of early and interim countries that are eligible to access new funds. The time line is short and it is a new process for countries. The Stop TB Partnership along with Partners will need to ensure that countries understand the

new processes, that there is an inclusive and consultative process for development of the concept note, and the country allocations of new funds are programmed into priority interventions that will result in scale up and impact.

The Stop TB Partnership needs to ensure that countries and partners understand the NFM and all its steps and be prepared to apply.

The process for updating strategic plans and setting ambitious targets should start early in order to be fully prepared to go through the steps of country dialogue and concept note development once the allocations are made by the Global Fund.

2. Refining the NFM and deciding upon an upfront disease split

The Global Fund will decide this year upon the parameters of its new funding model. In particular the upfront disease split poses a major concern and the objective is to overcome the current cap of 16% allocation of GF resources for TB.

In line with GF Board decision GF/B28/DP4, 4c a “new measure that can be used to estimate disease burden and financial demand across all three diseases” is currently being developed and requires the full attention and involvement of the Partnership Secretariat.

This conversation – and all related ones - will have important consequences on the funding of TB interventions.

The Partnership Secretariat will therefore invest a large amount of its time on working with the partners, the GF Secretariat and respective decision makers as well as countries on ensuring that the new funding model is optimized to ensure maximum funding for TB.

This includes detailed work on the new funding model, ensuring bold requests from countries and working closely with the HIV-community to make sure that synergies are fully exploited and every HIV grant features TB, and every TB grant includes HIV in high co-burden countries.

Influencers

From a country-level perspective, in order to spur ambition and bolder demands, the key influencers, who are able to change the situation, include Ministers of Health and Finance, stakeholders and partners, civil society and communities and their representation in the CCMs in prioritized countries.

Regarding the refinement of the new funding model, the most important interlocutors for the Partnership Secretariat are the Global Fund Secretariat, SIIC and Board members, who prepare and decide upon the set-up of the new funding model.

The Partnership Secretariat will discuss the issue of country ownership and country-level ambition and scale up with TB TEAM, partners, and in various GF structures such as TB disease committee.

Suggested activities

1. Roll-out of the new funding model (NFM) - overall

NFM and early applicants :

- Ensure that full information is shared about early applicants and interim applicants

- Ensure that in-country and external partners are engaged in the processes of updating National Strategic Plans, Country Dialogue and the development of the Concept Note.
- Enhance TB representation in CCMs, in particular from civil society, to support TB discussions around the Concept note.
- Ensure that TB country applications are fully understood and supported during the negotiations at CCM, TRP and the Grant Approval Committee.
- Engage with Global Fund Secretariat for the Grant Approval Committee meetings and follow up on Board approval and early grant signatures and disbursements.
- Ensure that feedback on the NFM processes are shared with the GF Secretariat
- Advocacy to promote ambitious National Strategic Plans and Concept notes
- Working closely with the HIV-community to make sure that synergies are fully exploited and every HIV grant features TB, and every TB grant includes HIV – with the understanding that all ARVs for co-infected persons will be covered by HIV programmes

Support to countries in understanding the NFM

- Ensure that countries understand the steps under the NFM and know where to seek help.
- Unpack for the country level Partners the implications of already committed and unspent funds for TB, the CCM discussions on disease split, the strategic decisions for prioritizing interventions for the indicative and incentive pools of funds and other relevant and complex issues as they emerge
- Strengthen country -level demand: the partners should follow a two-pronged approach, i.e. ensuring that TB-scale up needs are anchored amongst Ministers of Health and ministry administrators, and bold requests are made. On the other side, a strong country dialogue through the CCMs is critical

2. Refining the NFM and deciding upon an upfront disease split

- Provide inputs and support to the work that GF Secretariat is conducting for disease split
- Engage, provide comments/information and peer review the output of ongoing external consultancies on the disease funding split commissioned by the Global Fund.
- Collate from Partners and provide inputs/comments on disease split to SIIC and the Global Fund Board.
- Analyzing relevant documents and developing TB-related positions and messaging that can be distributed to partners for amplification.
- High-level advocacy with key influencers

The role of the Partnership Secretariat

As outlined in the Operational Strategy, the Partnership Secretariat will focus its work on the following:

- High-level advocacy with key countries to work towards ambitious country demands and Concept Note;

- Close inter-actions with the Global Fund Secretariat at various levels to be up-to-date on the decision making process, to provide input/data/briefings into such and feed relevant information back to partners.
- Strengthen the voice, knowledge and engagement in GF processes (at global and country level) of the Civil Society and Communities through support and TB briefings offered to the Communities delegation at the GF (and other constituencies), strengthening the links with the communities constituency of the Stop TB Partnership Board and the Global Coalition of TB Activists
- Convening and rallying partners around key issues to amplify messages and enhance the voice of TB.
- Engaging supportive Board/committee members to support the development of positions favorable to TB.

3. Unlocking the existing TB Pipeline of Global Fund Grants – the creation of the “TB-Situation Room”

In early 2013, under the new funding model of the Global Fund, TB received only about USD 200 million of the 1.9 billion uncommitted funds. The reason for this was a relatively large amount of already committed (but yet undisbursed) funds for 2013-2014 for TB, amounting to a total of nearly 2 billion USD. In order that countries receive adequate new funding allocation for TB in the funding cycle 2014-2016, it is important that the already committed funds for TB are rapidly disbursed and spent effectively on high impact interventions. In addition, a large amount of undisbursed funds in the pipeline is not good from the Global Fund replenishment perspective.

Moving the pipeline funds for TB to the level of implementation in countries will require collection of additional information, understanding of the nature of bottlenecks (financial, administrative and programmatic) and rapid action for unblocking the fund flow, including large scale reprogramming for scale up. Considering that in the last few years Global Fund has disbursed for TB less than 0.5 billion USD per annum, the possible disbursement of up to 1 billion USD per annum in 2013-2014 from this pipeline funds is an unprecedented opportunity that will require additional efforts, but could lead to substantial scale up of TB services.

Objectives

- *To contribute to an appropriate disbursement of up to 80% of the GF pipeline (nearly 2 bil USD) - increase the yearly disbursement rates from up to 450 mil/year to 800 mil/year.*

With this background a proposal for creating a “Situation Room initiative” was presented by the Stop TB Partnership Secretariat to the TB Disease Committee as an urgent, specific and time limited intervention to strengthen and boost the existing work being undertaken by TBTEAM and the Stop TB Partnership secretariat for the absorption of the Global Fund TB pipeline of nearly 2 billion USD. The “Situation Room initiative” will harmonize with and strengthen the existing mechanisms of TBTEAM that coordinate the GF-related TA among technical partners. It will facilitate “early warning” on technical, political, financial or administrative challenges faced by TB grants in countries in order to ensure that the best and most appropriate support is provided to the countries with the final aim of absorption of the existing TB pipeline.

The “Situation room initiative” will provide additional support to TBTEAM to further unpack the Global Fund country specific financial data (including the pipeline data obtained by the Stop TB Partnership secretariat from the Global Fund finance team), develop a dashboard and publish it on a webpage and/or a share point the TBTEAM “GF” Share-point dashboard for monitoring of the Global Fund grants with respect to fund flow, spending rates, grant milestones, deliverables for disbursement and other relevant information.

The dashboard will underpin the coordinated “united” TBTEAM partner response for actions for rapid utilization of the committed funds. This initiative will strengthen and develop the existing work currently being undertaken by the TBTEAM secretariat, Stop TB Partnership secretariat and partners including on coordinating the technical support for the Global Fund grants.

The United TBTEAM GF Situation room initiative will intensify and reinforce a strong communication component to inform stakeholders that can help in disbursement and rapid absorption of funds, such as GDF, TB CARE, CDC, civil society advocates, key donors and bilateral development partners, CCM, TB REACH partners etc., on the available funds, bottlenecks and actions needed for early disbursement and expenditure.

Suggested activities

This proposal is responding to the request from the Global Fund TB Diseases Committee members to harmonize the Situation room proposed activities with TBTEAM mechanism and to avoid duplication.

The entire approach represents a unified position of Executive Committee of the Stop TB Partnership Secretariat, the WHO GTB department and the relevant stakeholders. In a meeting held on 19 June 2013 in Geneva the following three points were agreed upon:

1. Two consultants with the analytical and financial skills, will be recruited to provide additional support to current TB TEAM efforts to further unpack and understand the existing funding and programmatic issues in the GF recipient countries. They will ensure regular follow up of required interventions and strengthen communication to all stakeholders.
2. The establishment of a steering group that will review, supervise, provide guidance on the type of intervention required to un-block the pipeline, including additional TA missions, high level advocacy intervention, procurement action, reprogramming action and mobilizing civil society and CCM, etc. The committee will consist of 5 organizations: USAID, WHO, GF (TB advisors), Stop TB Partnership secretariat and KNCV/TBCARE I.
3. The TBTEAM secretariat will report to the TB GF situation room steering group on the work done by the consultants assigned to the Situation Room initiative, the updated status of the pipeline funds and on priority country grants (initially on a weekly basis in the first month). At the end of the first month the steering group will review the work done and the results will be communicated to the larger group of stakeholders.

It is envisaged that two consultants will be recruited immediately and will work in close collaboration with the TBTEAM under the guidance of the Steering Group as proposed above. The consultants will support TBTEAM in further unpacking and understanding the existing funding, managerial and programmatic issues to ensure regular follow-up of interventions and strengthen communication to all stakeholders.

This initiative will facilitate dialogue and interaction with all key stakeholders for collecting inputs and intelligence on needs for grant reprogramming, advocacy, networking, high level political support, creative solutions for fast-tracking expenditure, etc.

The specific **terms of reference of the two consultants** for the Situation Room are the following:

1. **Grant analyst consultant:**

- a. Develop further the financial information sheet obtained from the Global Fund finance, adding information from the Global Fund that will lead to further disaggregation of the pipeline funds, including expenditure rates, grant milestones, outstanding conditions for disbursement, etc.
- b. Develop key indicators and the united TBTEAM dashboard for monitoring the Global Fund TB pipeline funds.
- c. Regularly update the information sheet, indicators and the dashboard with real time data from the Global Fund financial information and grant management systems.
- d. Prioritize countries based on the amount of pipeline funds, nature of bottlenecks, and potential for rapid absorption/scale-up/reprogramming.
- e. Conduct further in depth analysis for selected key high impact countries by collecting additional information from Principal Recipients and country stakeholders.

2. **Programme consultant**

- a. Proactively and regularly communicate the updated information on the Global Fund TB pipeline to TBTEAM and the Stop TB Partnership Secretariat for sharing with all stakeholders in an open and inclusive manner.
- b. Based on the pipeline funding information together with the TBTEAM secretariat and Stop TB Partnership secretariat develop options and scenarios for action for each priority country. These will be presented to the Steering Group.
- c. Ensure regular and rapid follow up with the Global Fund country teams on the course of action decided by the steering group for priority countries.
- d. Liaise with the GDF and the advocacy team of the Partnership to follow up on all procurement and advocacy related interventions.
- e. Compile and disseminate results and lessons learnt.

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