

REPORT

GUIDANCE OF THE CCM ON THE APPROACH TO DEVELOP THE FUNDING REQUEST 2018-2020

1. INTRODUCTION/BACKGROUND

Ghana has received an allocation of \$194m from the Global Fund for the next funding window covering January 2018 to December 31, 2020. This amount is a significant reduction compared to the budget available between 2015 and 2017 of \$259m, when the implementation period was moreover shorter.

More than ever, an ambitious and technically sound approach to HIV, TB and malaria control is required, focusing on the national strategic plans for health and other relevant documentation. The request must include prioritized, full expression of demand to maximize impact against the diseases. The CCM is therefore required to submit a funding request (=proposal) to the Global Fund through an inclusive and evidence informed country dialogue, national disease strategies and health plans.

At its meeting on the 20th December the CCM decided to constitute a Task Team comprising a maximum of seven members to provide a technical paper and guidance to the CCM on the request, bearing in mind the decisions the CCM need to make in submitting the funding request to the Global Fund. The members of the Task Team and its Terms of References (ToRs) are part of the annexes.

2. METHODOLOGY

The Task team (see the annex for the list of members) first met the CCM chair and Executive Secretary on 16th January 2017 to review and understand the TOR from their perspective. The approach to be used and timelines were then agreed upon. To have a clear understanding of issues and inform sound decision making, the team then engaged in a series of one hour face to face meetings with the following entities:

- All PRs,
- Key SRs and SSRs (WAPCAS, WAAF, NAP+)
- Persons living with the diseases (members of NAP+)
- MOH (PPME) and GHS (PPME)
- GF Portfolio Manager and Team
- CCM Executive Secretary and Chairman

Additionally, USAID, PEPFAR and PMI were invited to contribute to the discussions.

All recipients of Global Fund were requested to provide a presentation covering:

- Burn rates (as of December 2016 and projected for December 2017)
- Programmatic performance as per December 2016, capacity to implement, engagement with SRs,
- Alignment with Strategic National Plans,
- Systems and other contractual arrangements,

- Prioritized interventions in the context of a reduced allocation in 2018-2022
- Opportunity for applying for additional catalytic investment funding
- Key challenges and risks for successful implementation.
- Any anticipated / proposed major changes in interventions.

Discussions of key issues, including implications of the reduced allocations then followed. All key respondents were invited to participate in the meetings with other key respondents and to contribute to their discussions.

The Task Team, guided by its ToRs, information provided in the allocation letters and other guidelines related to the Global Fund's funding request, held a final meeting to discuss findings and to develop recommendations to the CCM. In general, consensus was sought around key issues after discussions but where opinions differed the matter was put to a vote for majority to decide.

3. GUIDING PRINCIPLES

1. Given the decreased resource envelope allocated to Ghana, difficult funding decisions will have to be made based on performance, best value for money and efficiency.
2. Funding for every disease program will be cut - in most cases significant cuts will be made. Not only is the funding envelope reduced by more than 50m USD compared to the current allocation, it also needs to cover implementation over a longer period of time.
3. In the current grant, no left-over funding will be carried over to the next round of grant making. This makes grant performance an even more critical issue for the structure and recommendations to be given by the Task Team.
4. Programming and funding by other donor partners must be taken into consideration given limited resources, to avoid duplication and to promote good performance.
5. In this new grant, there are opportunities to attract additional funding - namely Catalytic funding for HIV key populations and annual performance based funding; PRs must make every effort to capitalize on these opportunities.
6. The CCM must also make every effort to engage Government of Ghana (namely the Ministries of Health and Finance) to ensure that Ghana honors its counterpart financing commitments to restore Ghana's credibility.
7. The current ongoing governmental transition processes are likely to delay agreements on GoG counterpart funding.
8. Considering the limited funding, use integrated approaches as much as possible.

4. FINDINGS AND RECOMMENDATIONS

4.1 General considerations

- Government of Ghana's financial obligation response has been suboptimal
- Global Fund allocation to Ghana has been heavily cut.
- All PRs have significantly improved upon burn rate as of last reporting period.
- All programs are requesting higher funds than allocated.

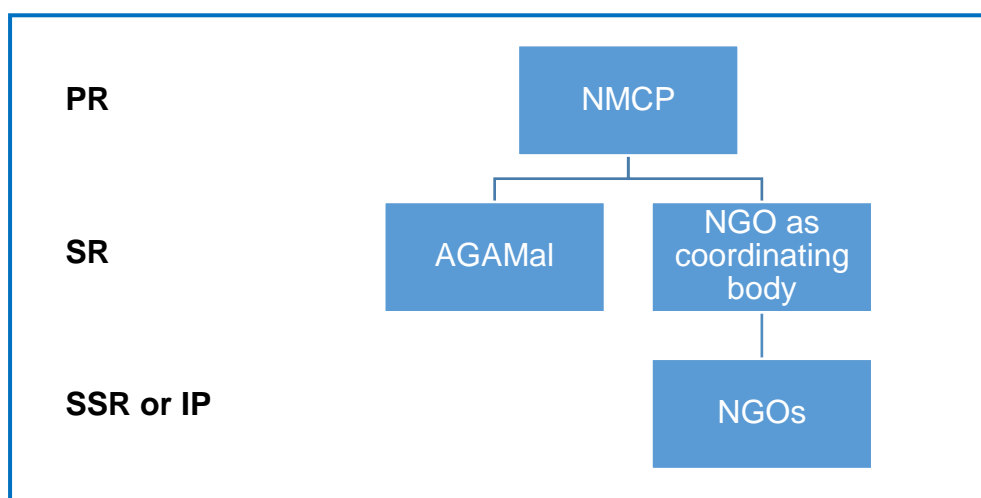
4.2 Malaria

4.2.1 Findings

- There are two PRs (NMCP and AGAMAL) whose current budget of 136.2m USD is spent over a time frame of 33 months. The current proposed allocation of 111.5m USD shall cover 36 months.
- Performance of AGAMAL is considered to be very high. Impact of IRS is clearly very effective. AGAMAL has the opportunity to expand into three additional districts with the same budget by benefiting from the UNITAID subsidy (which provides insecticide at a reduced price and which is bound to the condition of geographical expansion).
- NMCP has significantly improved performance over the past 2 years aiming at an A rating. With the decrease in the resource envelop, NMCP will have to re-prioritize to ensure implementation of the most critical priorities.
- NMCP is currently managing 33 NGOs, down from 61. This seems to be a large number considering that their management requires significant attention.
- Neither PR foresees a major change in interventions.
- Other partners are well aligned and providing good support including USAID/PMI, DFID, WHO and UNICEF.

4.2.2 Recommendations

a) Grant structure



Justification:

Considering the strong complementarity of AGAMal and NMCP, the CCM should strongly consider making AGAMAL an SR under the NMCP. In truth, AGAMAL largely operates like an SR given that NMCP does make most of the resource decisions and areas of expansion.

As with some of the other Principal Recipients, the Task Team recognized that having 33 NGOs is a significant management burden on the NMCP. It is recommended that the NMCP considers identifying a competent NGO to serve as the Sub-Recipient for other NGOs contributing to the non-health response as the SSRs or implementing partners to reduce the management burden on the NMCP.

b) Other recommendations

1. Considering the impressive impact of IRS on malaria prevalence and the increased cost effectiveness if AGAMal benefits from the subsidy from UNITAID (three additional districts covered at the same cost), decisions to decrease the AGAMal allocation need to be carefully weighted.
2. AGAMal shall further investigate options of engaging other donors to invest in IRS in Ghana.
3. NMCP is requested to explore the option of a lower number of NGOs that ensure a higher coverage each and receive better funding. This scenario is expected to be more effectively manageable and would contribute to a more sustainable civil society.
4. Given the major resource cuts, the NMCP should radically prioritize the interventions currently being implemented.
5. Serious attention need to be taken to address emerging insecticide resistance.
6. Consider greater involvement of NGOs nationwide, e.g. in LLIN distribution. Build capacities of Coalition of NGOs in Malaria to prepare them for greater responsibilities. Capacity needs assessment should be conducted for NGOs and CBOs followed by targeted capacity building. Bigger and credible NGOs can be supported to mentor smaller NGOs and support their capacity.
7. Given the high performance of the malaria grant, the PRs potentially have the ability to access funding through “portfolio optimization” where the GF can make resources available from countries which are unable to absorb their resources. It is suggested that the NMCP simultaneously develops a prioritized above allocation request for submission in May 2017 to access these funds when they become available.

4.3 Tuberculosis

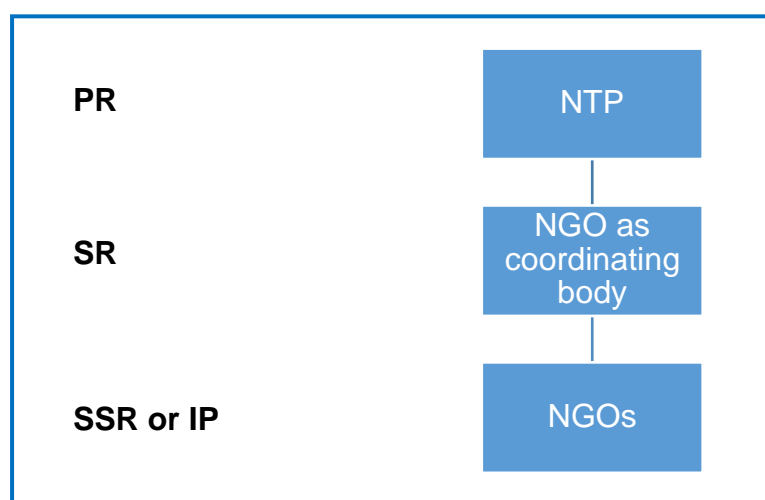
4.3.1 Findings

- Programmatic performance has suffered from procurement delays.
- Savings of \$2.2 million have accumulated that will be reprogrammed. There is a joint WHO/USAID/GF mission to support this process. Programmatic changes are proposed primarily related to the approach to case finding recommended by the mission.

- NTP manages 46 NGOs through Stop TB Partnership, which is considered as too many. Impact has not yet reached the desired level. The capacity of Stop TB Partnership to manage the NGOs effectively was questioned by several members.
- Proposed allocation for the next three years is 16m USD while NTP has 25m USD available during the current implementation period of 2.5 years.
- NTP proposes a budget of 25m USD for 2018-2020.

4.3.2 Recommendations

a) Grant structure



Justification:

As with some of the other Principal Recipients, the Task Team recognized that a large number of NGOs contributing to the non-health response can only be effectively managed by one competent and credible NGO.

b) Other recommendations

1. Given the significant budget cut, NTP should radically prioritize the interventions currently being implemented.
2. Reduce the number of NGOs, enlarge their individual geographic coverage and provide them with better funding. Identify possibilities to build management capacities of Stop TB Partnership (if maintained as coordinating body) and enhance monitoring of its activities or consider a different NGOs to take care of these activities. Particular attention should be paid to capacity building of contracted NGOs to build a sustainable civil society.
3. Improve collaboration with NACP.

4.4 HIV/AIDS

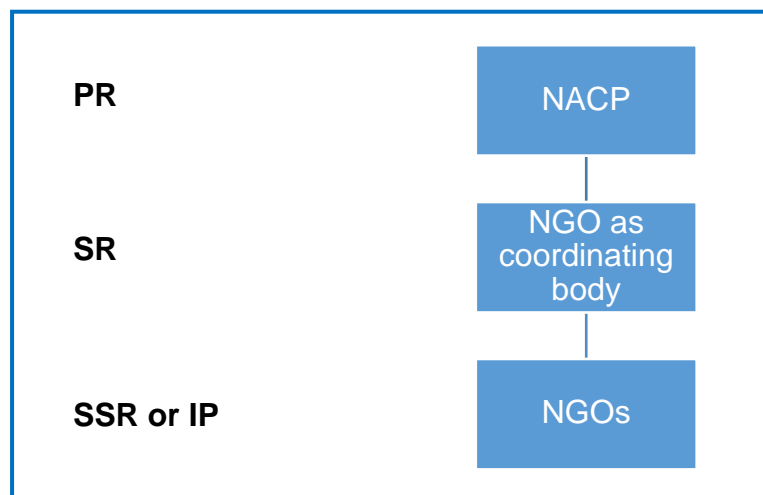
4.4.1 Findings

- There are currently four PRs
 - NACP – Focus on clinical services
 - ADRA – Focus on female Sex Workers
 - PPAG – Focus on interventions in Prisons
 - GAC – Focus on Key populations (PLHIV, MSM and FSW)
- While GAC, ADRA and PPAG have achieved A ratings, NACP HIV/AIDS Grant has had significant issues with under-performance over the current funding period.
- Considering the proposed funding split, the HIV envelop was cut from currently 97.8m USD to 66.4m USD. Ghana is additionally eligible for catalytic funding of 5.9m USD targeted at HIV key populations.
- The Task Team identified coordination challenges at the level of GAC related to overlapping implementation areas with USAID implementing projects/ partners and a consistently low burn rate at WAAF. It was repeatedly pointed out that communication efforts by GAC are largely insufficient.
- Statements from the Country Team imply that HIV related KPs are reached with significantly less funds in countries with higher numbers of key populations.
- Targeting the same Key Populations by different PRs does not seem to be the most effective approach.

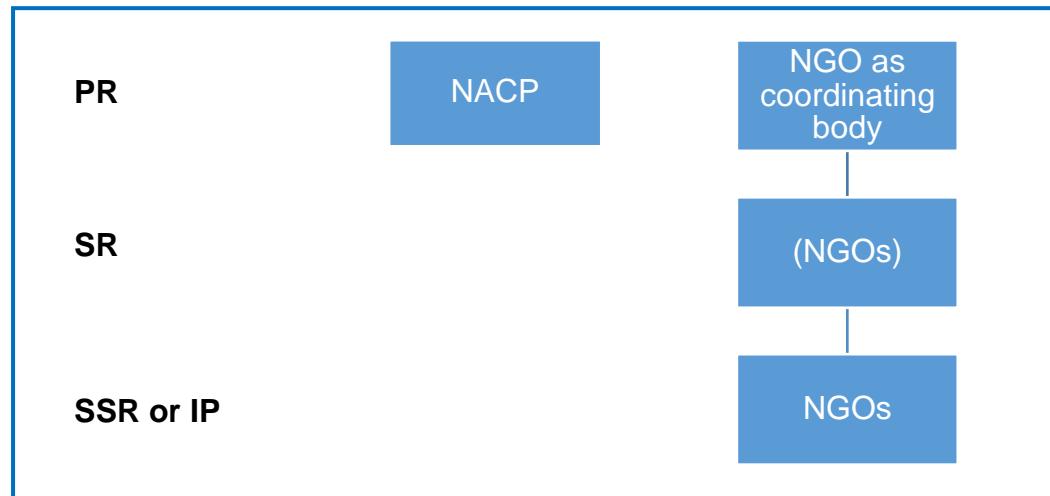
4.4.2 Recommendations

a) Grant structure

Option A:



Option B:



Justification:

The HIV/AIDS grant is implemented by too many PRs resulting in management inefficiencies. It seems more effective to manage all activities targeted to key populations under the same grant. Standard approaches can more effectively be implemented under the same leadership so synergies are more easily realized. The Task Team therefore recommends the above two options for discussion at the CCM. It should be carefully analyzed if it is advisable to add supervision of the NGO component to the NACP tasks.

It is recommended that GAC focuses on its primary mandate of coordination, fundraising and policy development rather than service delivery.

b) Other recommendations

1. Given the significant budget cut, HIV related interventions need to be radically prioritized. Given other donor funded activities for Key Population programming (namely PEPFAR programs) it is recommended that the KP activities currently being supported under GAC be streamlined to avoid duplication of KP activities.
2. Given the adoption of Treat All and the acceptance of \$24million of commodities from PEPFAR from 2017, the GOG is committed to purchasing \$3.2 million of HIV/AIDS commodities by April 2017, \$13.9 million by April 2018 and \$53 million by April 2019. It is likely that the Global Fund will sign an agreement with the Government of Ghana on additional HIV related counterpart financing conditions. As such, the CCM must make every effort to ensure that the GOG honors their commitment to make sure that all People Living with HIV/AIDS have uninterrupted access to these life saving commodities.
3. The NACP must take full advantage of the costing work to be supported by USAID funded partner HPP+ to do detailed costing, which will give the GOG additional clarity of the future funding needs to reach 90-90-90.
4. Ghana is eligible for Catalytic Investment Funding for HIV KP programming, NACP is encouraged to develop a streamlined proposal for KP activities with the Concept Note to benefit from this opportunity.

5. Considering the drastic budget cut, NACP is also recommended to submit simultaneously a prioritized above allocation request.

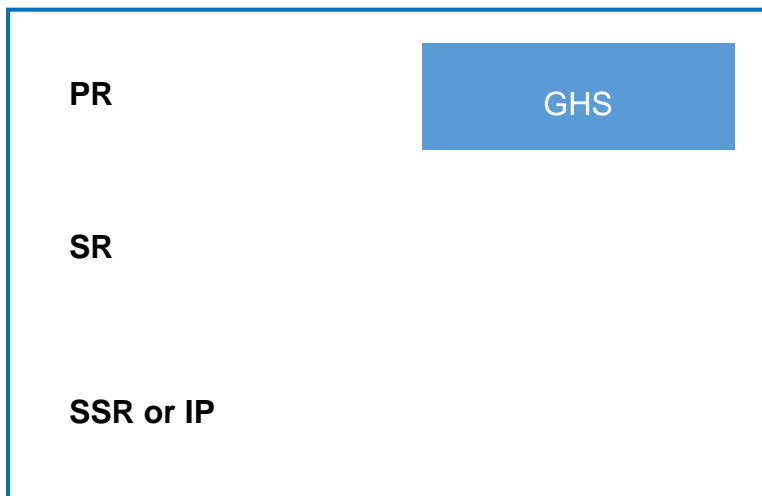
4.5 HSS

4.5.1 Findings

Much discussion on the need of a separate RSSH was held due to a number of factors:

- Because HSS was integrated throughout the grants, it was often difficult for cross cutting activities such as pharmaceutical supply chain management to benefit all three programs and others. Enhanced central planning as well as effective communication are necessary to ensure that all programs can take advantage of upcoming opportunities in this context.
- Delays often ensued when transferring funds to divisions for cross cutting activities e.g. commodity management and distribution.
- Funding for cross cutting /HSS activities were not known by the wider GHS leadership for other programs to benefit from.
- Many of the HSS activities are beyond the control of the MoH PRs.

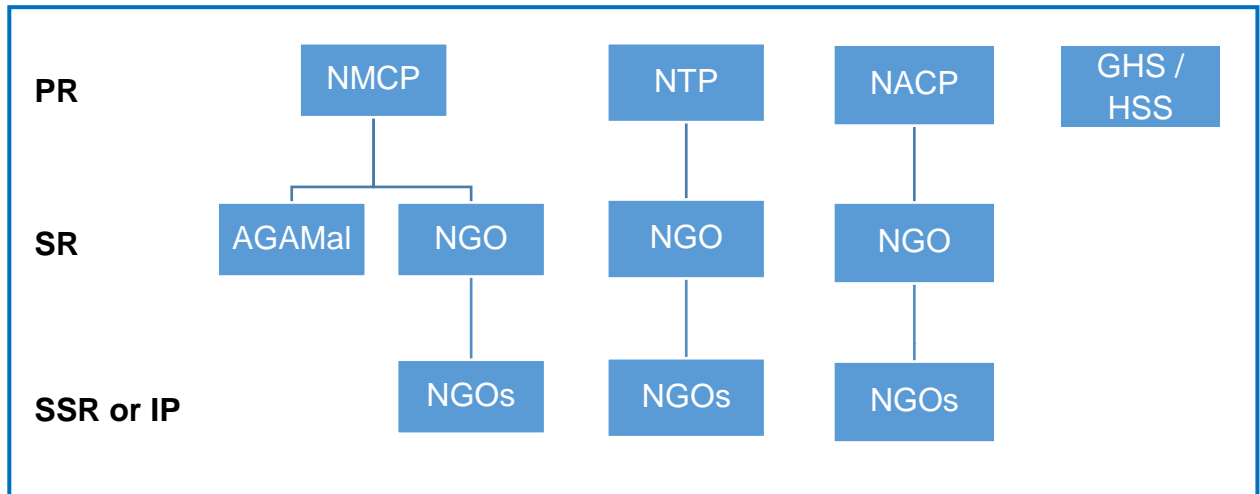
4.5.2 Recommendations



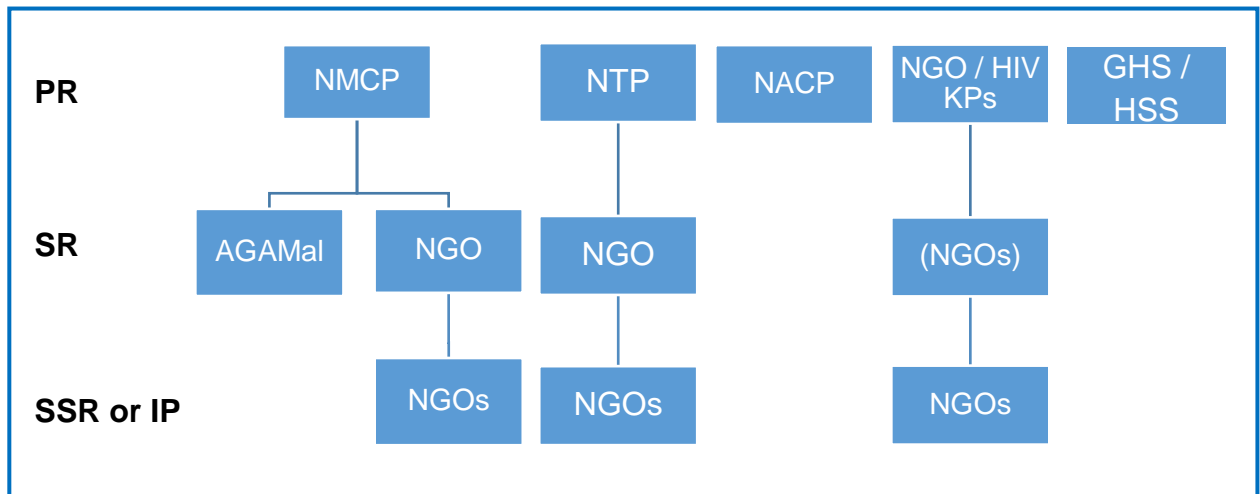
1. The CCM should consider a separate HSS grant with GHS as PR.
2. The HSS grant should be focused and streamlined on a couple of specific HSS activities - in particular Supply Chain Management and M&E within the GHS.
3. Engage in organizational capacity assessment as soon as possible.

4.6 Overview on proposed grant structure

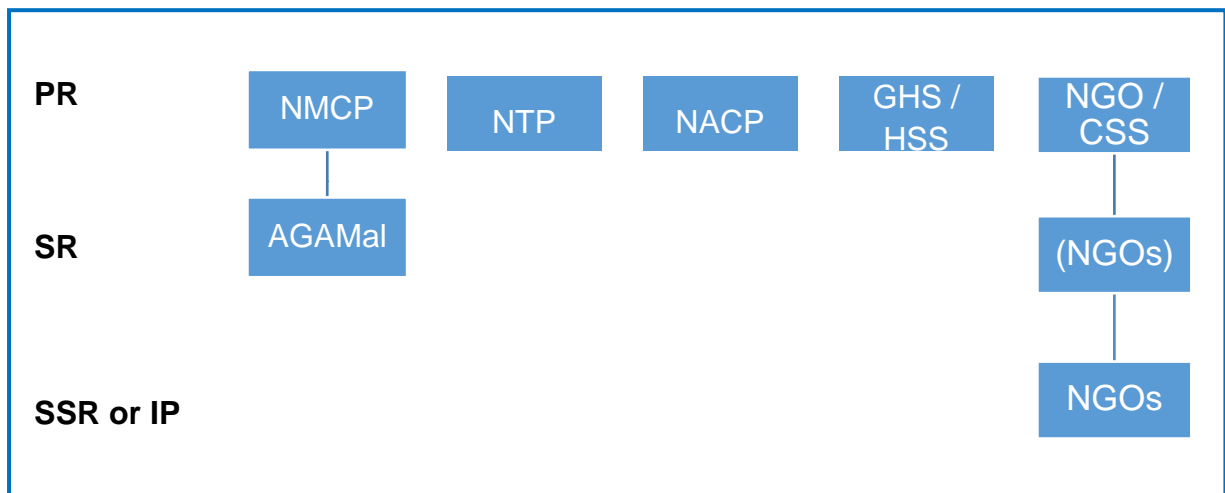
Option A:



Option B:



4.7 Alternative Grant Structure



Justification:

Alternatively, a separate CSS grant could be considered that coordinates all non-health activities targeted to communities in all three disease components. Advantages of such a grant are:

1. **Synergies:** certain training modules, e.g. communication techniques, concern all NGOs and only need to be taught once to NGOs that cover more than one disease component. Savings in T&T for meetings and community activities: in the same community, activities for different disease components can be combined in the same day. Links between the disease components can be more effectively promoted to NGO staff.
2. **Accountability:** The same standards of evaluation are applied to all NGOs. NGOs with challenges can be better identified and supported. In case of consistently insufficient performance, it is easier to withdraw this NGO from one portfolio instead from three
3. **Sustainable civil society:** Covering two to three disease components at a time enables NGOs to attract better funding and allows them to realize savings in the implementation. Synergies leading to cost savings may allow more capacity building of NGOs.

However, this approach to CSS will require a very strong and experienced PR.

4.8 Submission date and approach chosen

- **May 23, 2017:** Considering the currently ongoing government transition processes, a funding request submission date in March seems unrealistic. In order to avoid administrative burden caused by late grant signature, Ghana should ensure the submission of the funding request in May 2017.
- **Tailored Approach for all disease components:** Ghana has a high burden of co-infection HIV/TB and is therefore required to hand in an HIV/TB joint application. The submission in May automatically requires a tailored approach.

4.9 Budget split

The Task Team proposes to maintain the budgetary split as made by the GF. While the budget cut is significantly less significant for malaria than for HIV/TB, the malaria PRs have had both a very good financial performance under the NFM. Furthermore, additional HIV/TB activities can be proposed as a prioritized above allocation request.

	Malaria	HIV	TB	HSS	CSS
TT proposal without separate CSS PR	101	66	13	12	(5,900,000 Catalytic funding)
TT proposal with separate CSS PR	100	65	13	12	3,000,000 plus 5,900,000 (catalytic funding)

4.10 Gender and human rights issues

While all programs state that gender issues are adequately addressed, the Task Team felt that those are not well articulated and possibly researched. Particular attention hence needs to be paid to gender and human rights issues during the development of the funding request, thereby specifically building on the experiences of infected and affected populations.

5. ANNEXES

5.1 Terms of Reference of the Task Team

5.2 Task Team Members:

- Mrs. Cecilia Senoo – Chair
- Dr. George Amofah – Consultant
- Mrs. Akua Kwarteng-Addo – Member
- Dr. Felicia Owusu-Antwi – Member
- Dr. Naa Ashiley Vanderpuye – Member
- Mrs. Annekatrin El Oumrany – CCM Secretariat Support

5.3 Persons engaged

- Dr. Constance Bart-Plange, Program Manager, NMCP
- Dr. Stephen Ayisi-Addo, Program Manager, NACP
- Dr. Frank Bonsu, Program Manager, NTP
- Dr. Yaw Adusi-Poku, NTP
- Cosmos Ohene Adjei, Ag. Director Technical Services, GAC
- Raphael Sackitey, Ag. Projects Manager, GAC
- Daniel Kpogo, Accounts Officer, GAC
- Sylvester Segbaya, Program Director, AGA Mal
- Anne-Marie Affainie-Godwyll, Program Coordinator, PPAG
- Phyllis Kudolo, Project Manager, ADRA
- Benjamin Kwarteng, M&E Officer, ADRA
- Comfort Asamoah-Adu, Executive Director, WAPCAS
- Frederick Arthur, WAPCAS
- Gifty Anyeley Dedei Marley, Programs Manager, WAAF
- Irene Kpodo, Project Manager, NAP+
- Emmanuel Beluzebr Suurkure, President, NAP+
- Brandford Yeboah, NAP+
- Genevieve Dorbayi, NAP+
- Daniel Norgbedzie, Executive Secretary, CCM
- Collins Agyarko-Nti, Chairman, CCM
- Mark Saalfeld, Fund Portfolio Manager, Global Fund
- Sara Faroni, Senior Program Officer, Global Fund
- Sixte Zigirumugabe, USAID / PMI
- Dr. Emmanuel Odame, Ad. Director, PPME / MoH
- Daniel Osei, Head Planning and Budget Unit, MoH
- Sophia Ampofo Kusa, PPME / GHS
- Dr. Ben Bempah, PPME / GHS
- Menu Sarpong, Administrator Public Health, GHS
- Suzie Jacinthe, HIV/AIDS Team Leader, USAID
- Nadia Tagoe, USAID
- Dzifa Awunyo-Akaba, Ghana Coordinator, PEPFAR