

# Perspective from the Global Fund: Achieving Impact through Quality

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IAS Consultation on Differentiated ART delivery in WCA

# Outline

- 1 The Global Fund: Who are we?
- 2 Global Fund Investments and Impact
- 3 Challenges, Priorities and Opportunities

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## How We Work

### We Raise the Money

The Global Fund Secretariat based in Geneva, Switzerland, raises and invests more than US\$4 billion a year to support programs.

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graph LR; A[Countries Make Investment Decisions] --> B[We Review and Approve]; B --> C[Local Experts Implement]
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Countries  
Make  
Investment  
Decisions

We Review  
and Approve

Local Experts  
Implement

### Oversight in Action

Local Fund Agents in each country monitor the implementation of grants.  
The Global Fund's Office of the Inspector General conducts audits and investigations.  
The Secretariat reports information to the Global Fund Board and the wider public.

## Where the programs are

Approximately 65% of disbursements currently go to countries in sub-Saharan Africa, where HIV and malaria are most graphically concentrated, and to more than 100 countries worldwide.

**4%**  
Latin America  
and the Caribbean

**8%**  
North Africa and  
the Middle East

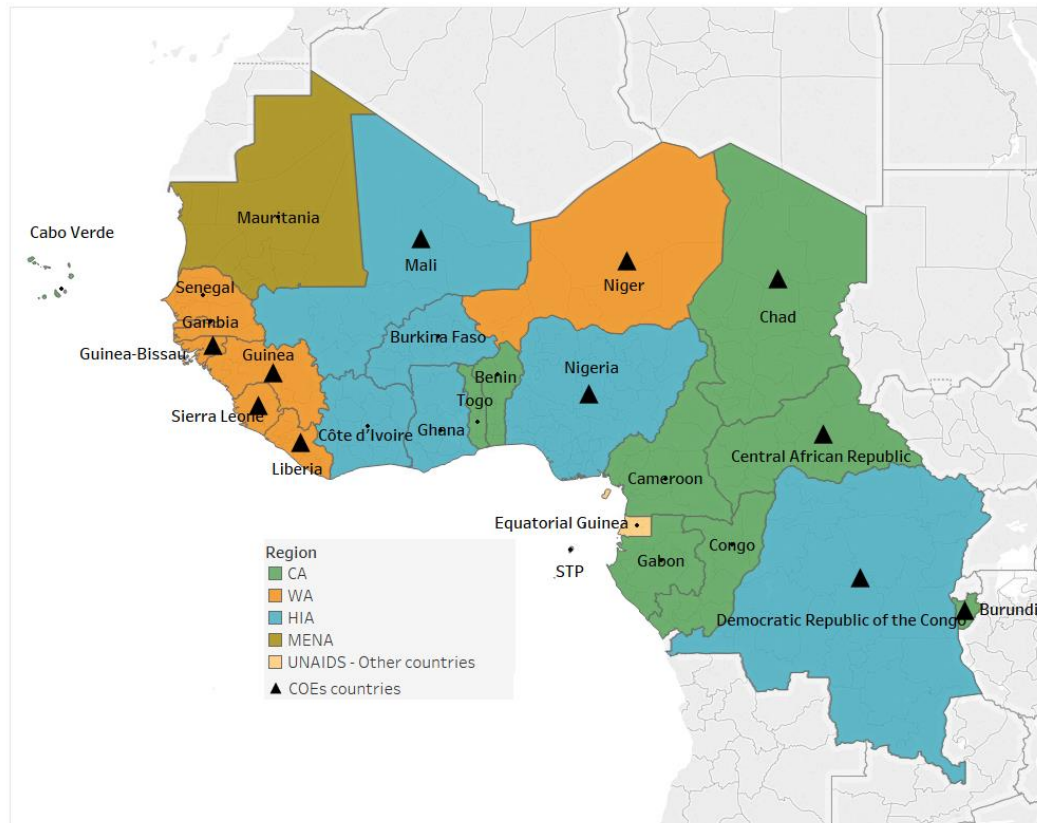
**65%**  
Sub-Saharan  
Africa

**4%**  
Eastern Europe  
and Central Asia

**19%**  
Asia and  
the Pacific

## The Global Fund - a key partner in the region since 2002

- Central Africa (10)
- Western Africa (7)
- High Impact Africa (6)
- Challenging Operating Environments (11 of total 25)
- 9 TB/HIV priority countries (CMR, CAR, Chad, Congo, DRC, Ghana, Guinea-B, Liberia, Nigeria)

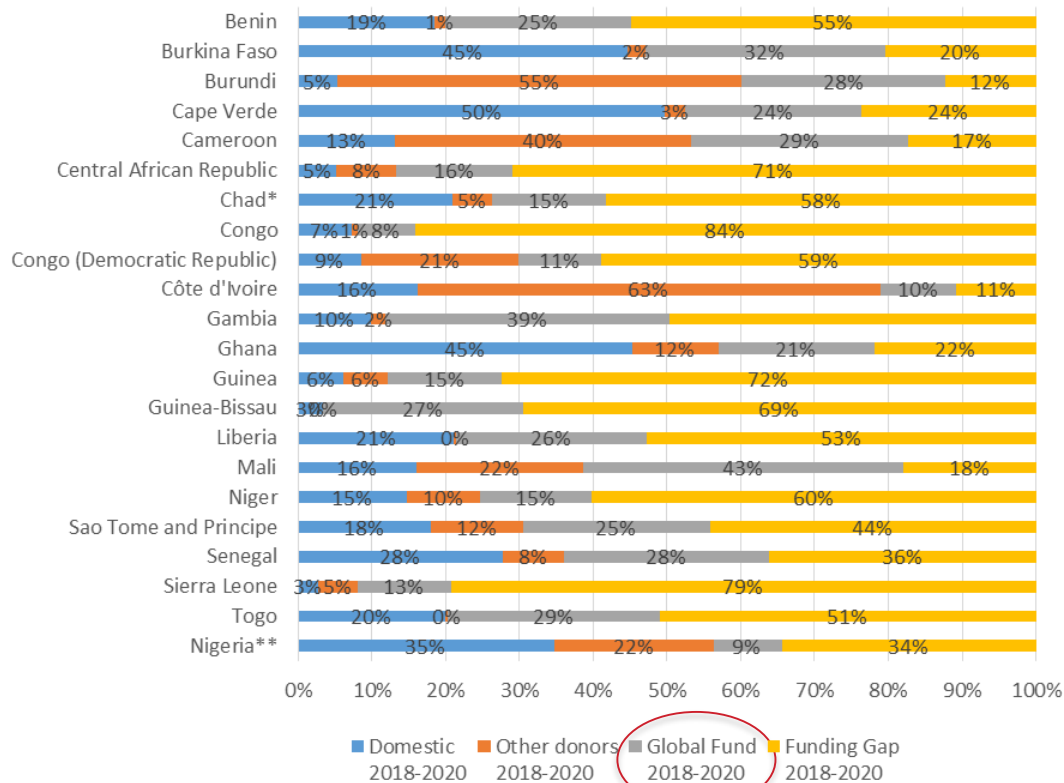


# Outline

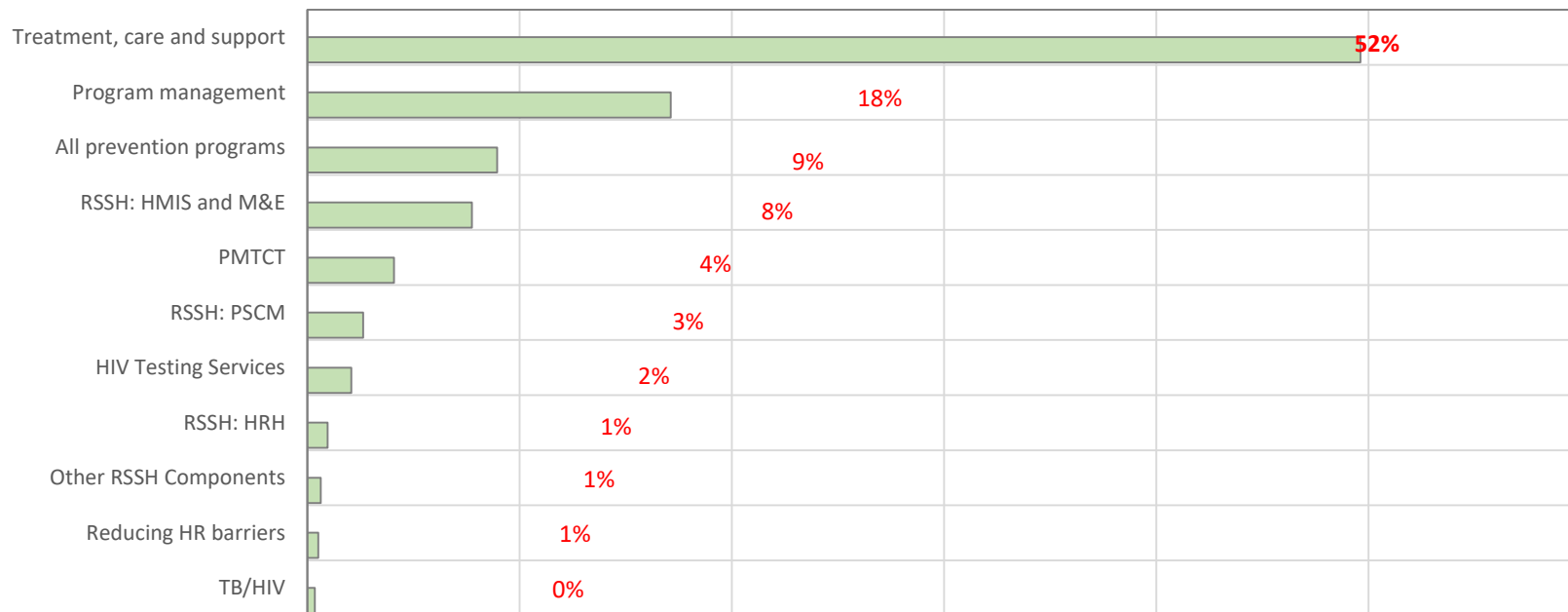
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# Great dependency on Global Fund support to the HIV response particularly in non-PEPFAR countries

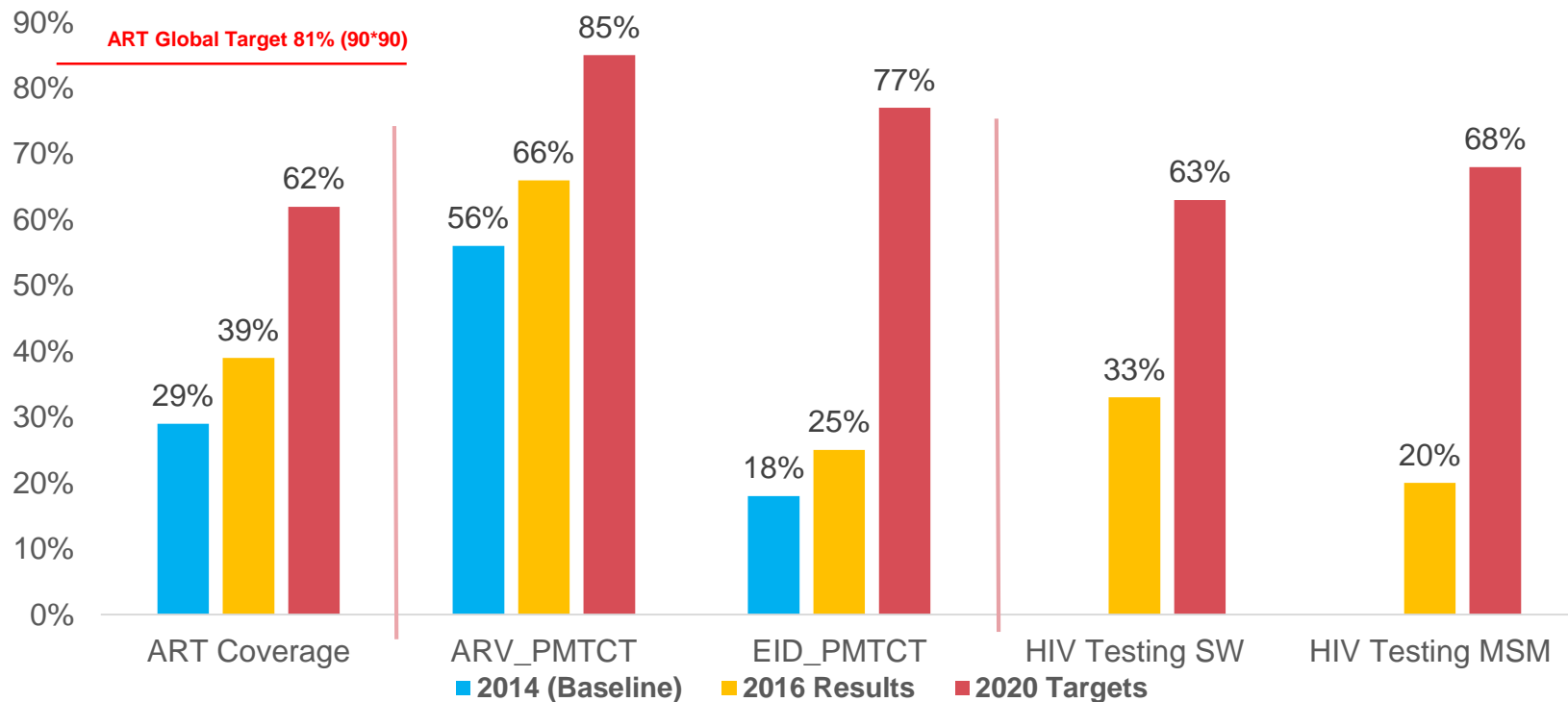
HIV financing and funding gap in 2018-2020



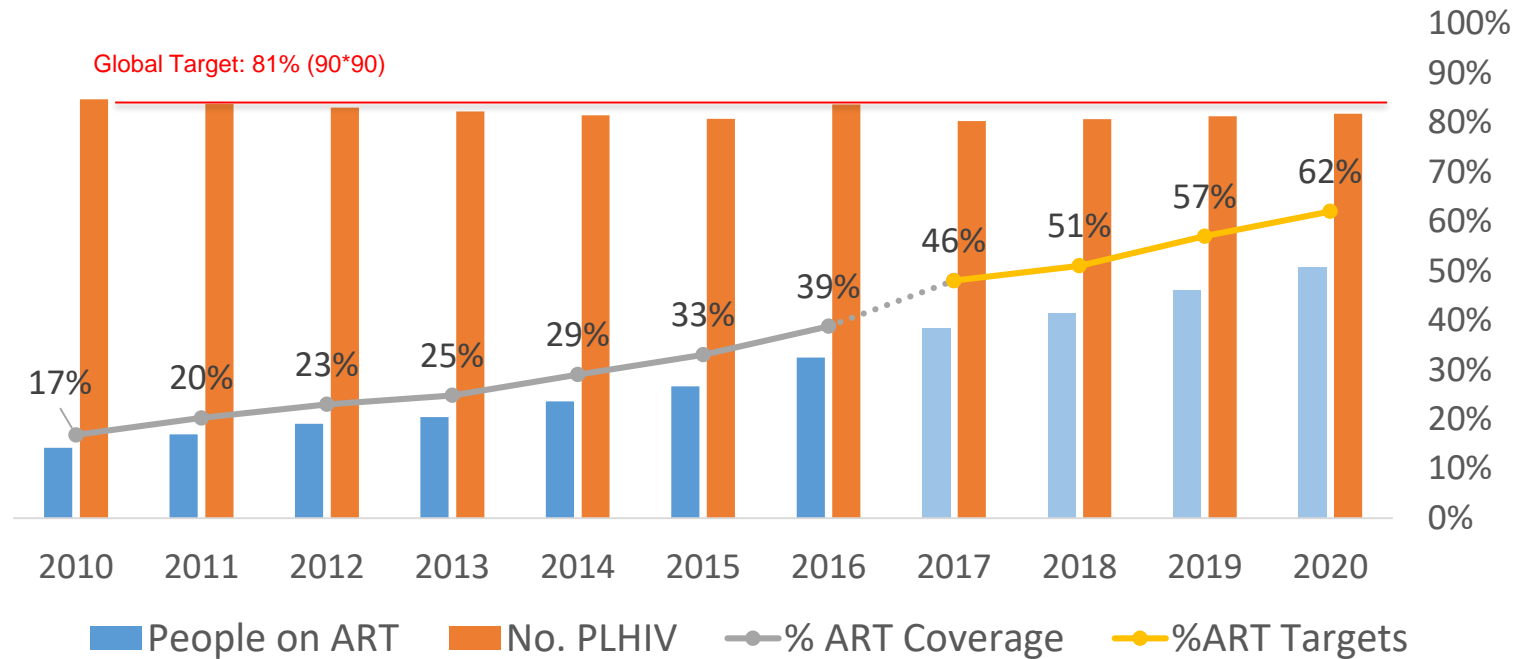
Global Fund investments (2017-2019 allocation): USD\$ 1.0 billion (USD\$ 477 million allocated to CIV, DRC, Ghana, Nigeria), with over half in “treatment, care and support”.



# Global Fund commitments in WCA: Key HIV services coverage (end 2016) and expected targets in 2020



# Global Fund commitments to ART in WCA: Coverage (%) - Past results and 2018-2020 national targets, 2010-2020



\* Nigeria not included in the graph (extension until June 2019; 2020 funded targets were defined early 2019). Nigeria latest estimate of PLHIV is at about 1.9m (preliminary result, following ART data quality review 2017-2018).

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# West and Central Africa: The Challenges & Ways Forward

## Key Issues

- ART:
  - low coverage; high investments; gaps in funding; risk of low program quality
- HIV Testing: catching up on 1<sup>st</sup> 90 (currently at 48%)
- RSSH:
  - critical gaps in HRH, infrastructure & equipment, procurement, leadership & governance
  - High Out-of-pocket costs (25% of current health expenditure)
  - Weak community systems
- **Complex situations requiring different approaches**

## Focus

1. **Efficiencies** through program quality/DSD:
  - Decentralization, task shifting, multi-months ARV scripting
  - Cascade analysis; program adaptation; ART cohort audits
2. Implementation of **differentiated HIV testing strategies** (including EID & strengthening of lab systems):
  - Portfolio improvement and in-country support (partners)
3. Investments in **health & community systems**/involvement of community in service delivery/task-shifting
4. **Defining DSD and quality in WCA context**

## TRP – Observations

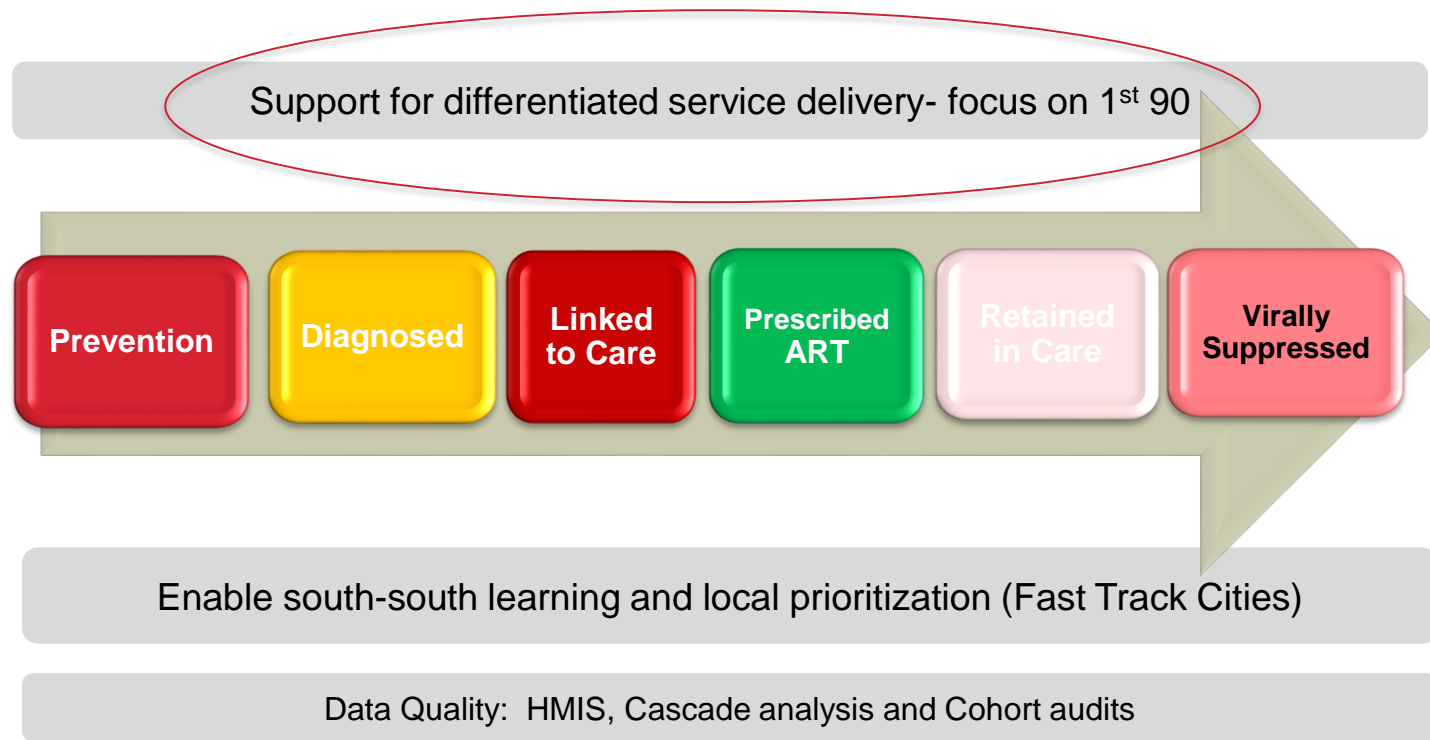
### Treatment Issues:

- **1<sup>st</sup> 90:** Good differentiated models of HIV testing are being proposed and will be increasingly important to re-evaluate and improve strategies as we get closer to 90/95
- **2<sup>nd</sup> 90:** Less well described differentiated models of care. Increasing issues with access to affordable medicines through domestic procurement.
- **3<sup>rd</sup> 90 Viral suppression:** Ongoing challenges with integration of disease specific components e.g. Laboratory and transport systems for efficiencies.

## Recommendations

- Future funding requests should continue to work toward inclusion of disaggregated data, including prevalence, incidence and cascade data, to the extent relevant and feasible. Diversified methods for collecting data should be encouraged.
- Analysis of value for money of different testing strategies which include yield as well as linkage to care will be increasingly needed as we get closer to targets.
- Sustainability issues will need to look beyond ART and include HRH and procurement of laboratory commodities

Focus on quality and innovation across the cascade, now and in the next allocation period



## Example. Implementing differentiated HIV testing services in Global Fund grants

### Goal:

1. To improve testing coverage or knowledge of status of HIV and linkage to treatment and prevention services
2. To improve the efficiency of testing including testing yield

### Objectives:

- Conduct situational analysis of HIV testing services in select countries, including policies; approaches; scale; target populations; yield; program quality; linkage to treatment, care and support and prevention services
- Support select country HIV programs to rethinking their HIV testing programs, and selecting and implementing the right mix of differentiated testing approaches to efficiently reach undiagnosed people with HIV and link them to prevention and treatment services;
- Revise Global Fund grants in line with new national HIV testing services strategy;
- Monitor implementation of revised country plans and outcomes of revised HIV testing strategies, with regard to uptake in ART and linkage to prevention services.

### Priority Countries:

- Malawi, Tanzania, Zambia, Lesotho, Indonesia
- **West and Central Africa Region (regional priority since 2016): Cameroun, CAR, Chad, Guinea, Liberia, Mali, Nigeria**

## Example. Differentiated service delivery and innovation for Key Populations

**Mali:** community-based testing for KPs, integration of KPs data into DHIS2, transgender situational analysis and harm reduction, self-testing (UNITAID)

**Sierra Leone:** piloting of needle exchange program

**Gambia:** cross-border support for key populations to access HIV services

**Cote D'Ivoire:** piloting of comprehensive community and facility-based services for drug users, including OST, self-testing for MSM,

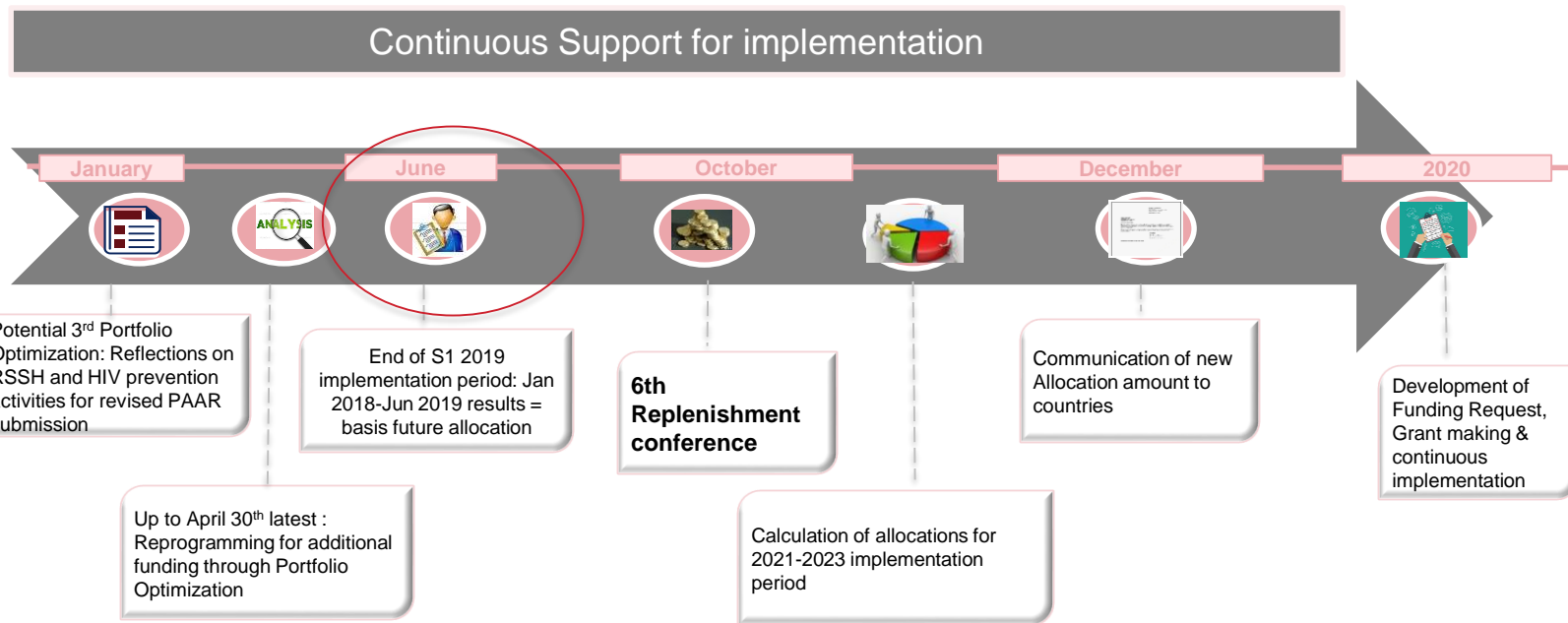
**Burkina Faso:** community-based testing for KPs

**Senegal:** self-testing (UNITAID), decentralization of harm reduction, potential inclusion of PrEP as part of PAAR

**Ghana:** Stigma and discrimination assessment and training at facility level with HP+ and USAID

# Global Fund priorities and milestones in 2019 - 2020

## Preparing for the new replenishment while focusing on effective implementation under current allocation



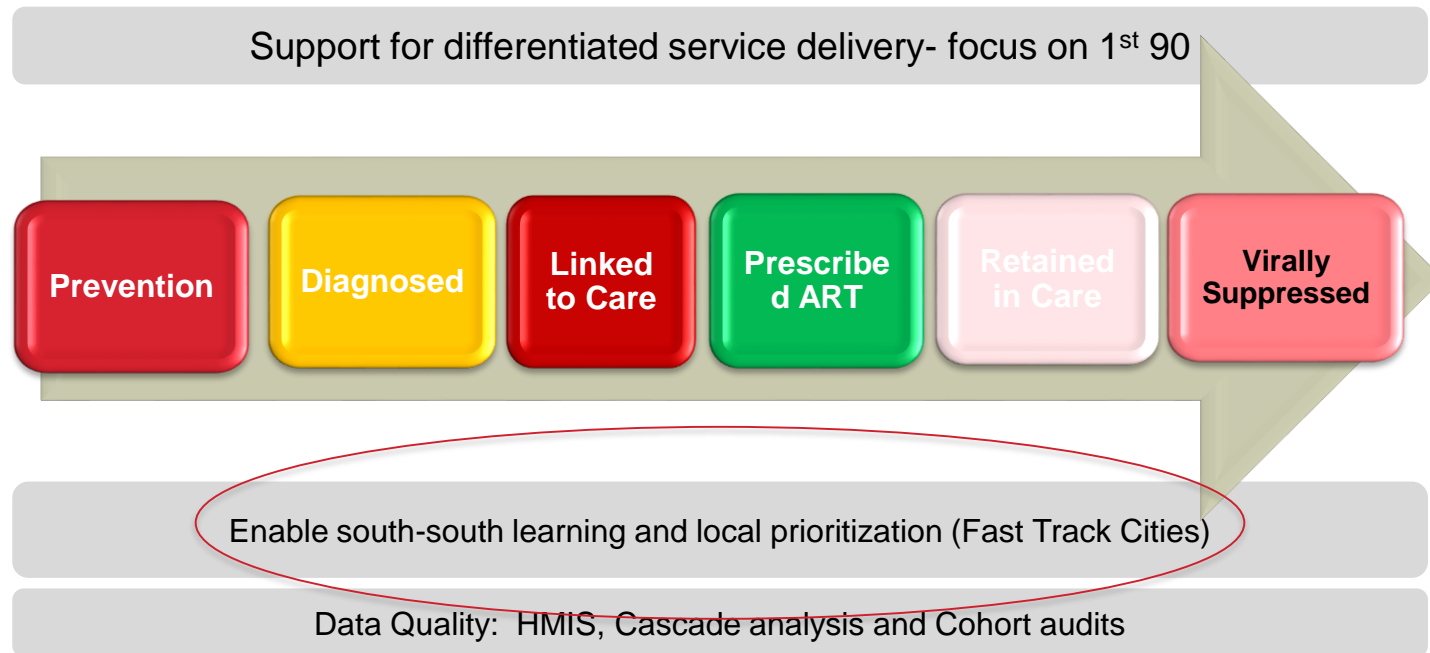
## What we expect during next allocation: Example differentiated HIV testing services

Differentiated HIV Testing Services	Facility based testing	<p>It includes HIV testing services provided in a health facility or laboratory setting, such as:</p> <ul style="list-style-type: none"> <li>• Provider initiated testing and counseling (PITC) based on voluntary and informed consent, particularly in antenatal, TB, SRH, in-patient and outpatient PHC clinics, and in VMMC services, including assisted partner notification and index testing</li> <li>• Client initiated testing and counseling including assisted partner notification</li> <li>• Stand-alone HIV testing Services/VCT sites, including assisted partner notification</li> <li>• Linkages to HIV treatment and care/ART for HIV positives and</li> </ul>
Differentiated HIV Testing Services	Community-based testing	<p>It includes HIV testing services provided in a community setting through approaches, such as:</p> <ul style="list-style-type: none"> <li>• Outreach, mobile, home based, targeted campaigns, workplace, with assisted partner notification and index testing)</li> <li>• Community based HIV testing services must be based on voluntary and informed consent. It includes test for triage to support community-based HIV testing services provided by lay providers.</li> <li>• Linkages to HIV treatment and care / ART for HIV positives and comprehensive prevention services for HIV negatives, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.</li> </ul>
Differentiated HIV Testing Services	Self-testing	<p>It includes HIV testing and results interpretation performed using HIV self-test by individuals who wants to know thier HIV status including linkages to:</p> <ul style="list-style-type: none"> <li>• A confirmatory test and subsequently, HIV treatment and care / ART for HIV positives and comprehensive prevention services for HIV negatives</li> <li>• Linkages to HIV treatment and care / ART for HIV positives and comprehensive prevention services for HIV negatives, STI prevention, diagnosis and treatment, adolescent-responsive SRH services</li> </ul>

# What we expect during next allocation: Example differentiated ART service delivery

Treatment, care and support	Differentiated ART service delivery and HIV care	<p>Activities could include:</p> <ul style="list-style-type: none"><li>• Antiretroviral drugs</li><li>• Designing, developing, implementing (including trainings) differentiated service delivery models for out-or in-patient services (eg. dispensing practices, follow up time intervals, monitoring practices) using ARV drugs (first, second and third line) ;</li><li>• Differentiated ART delivery to address needs of specific populations, as appropriate (e.g. adults, children, adolescents, key populations).</li><li>• Aligning approaches with broader efforts to deliver more integrated, people-centered health services</li><li>• Performing cost efficiency analysis of differentiated ART service delivery models</li><li>• Baseline clinical assessment, and clinical monitoring of people on ART that is not part of strengthening and expansion of viral load monitoring or HIV</li></ul>
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# Focus on quality and innovation across the cascade: now and in the next allocation period



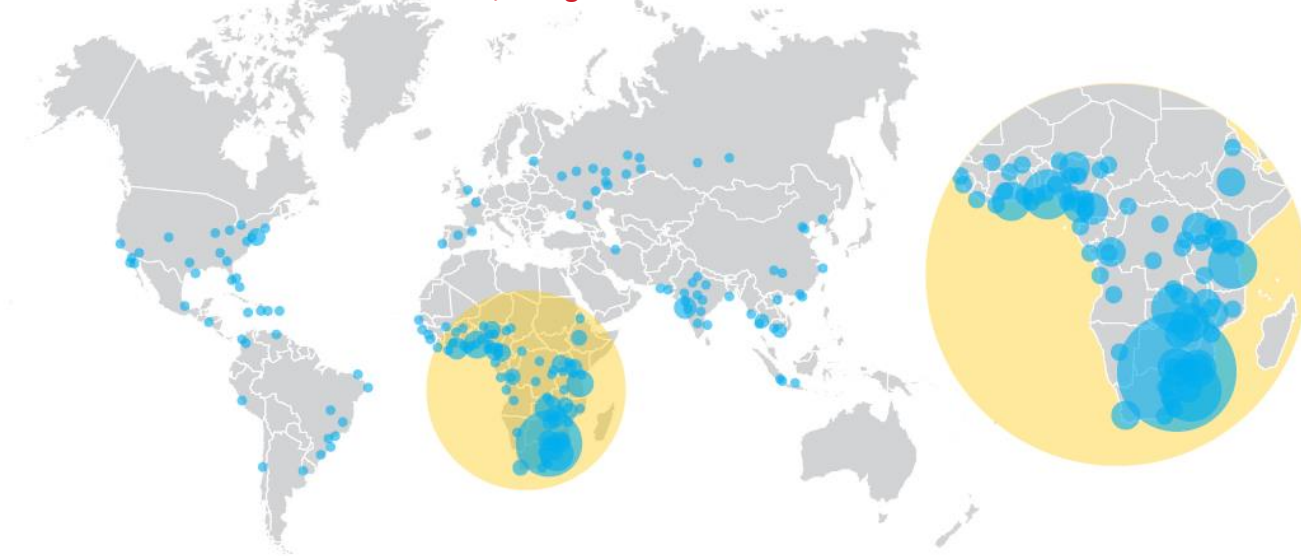
## South-to-South Learning Networks

- South-to-South Learning Networks
  - Exchange of information PLUS
  - To support funding requests, grant implementation & NSPs
  - Improve regional & national capacity
  - Continue and expand exchange - this conference is a great start!

# Local prioritization – “HIV Fast Track Cities”

Cities are at the center of ending the global AIDS epidemic

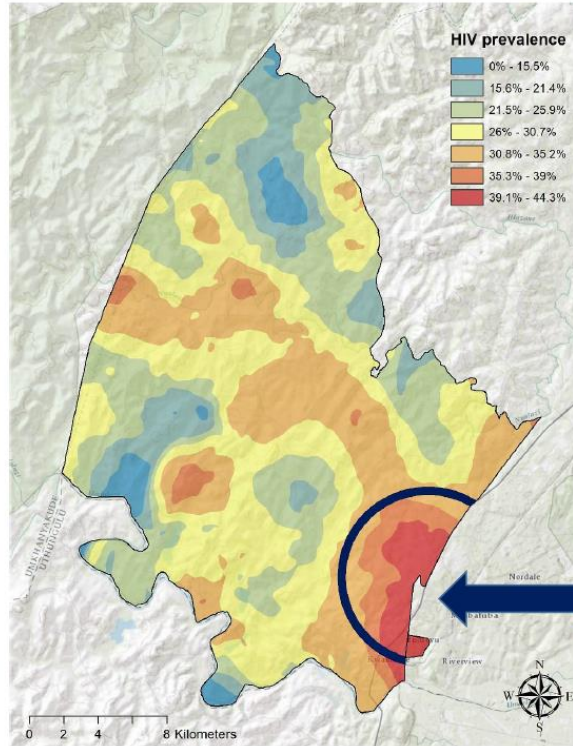
- More than half the world’s population currently live in cities
- 200 cities – 1/4 of global HIV disease burden



World map of 200 cities with the greatest estimated number of people living with HIV in 2013

Source: UNAIDS 2014. The Cities Report

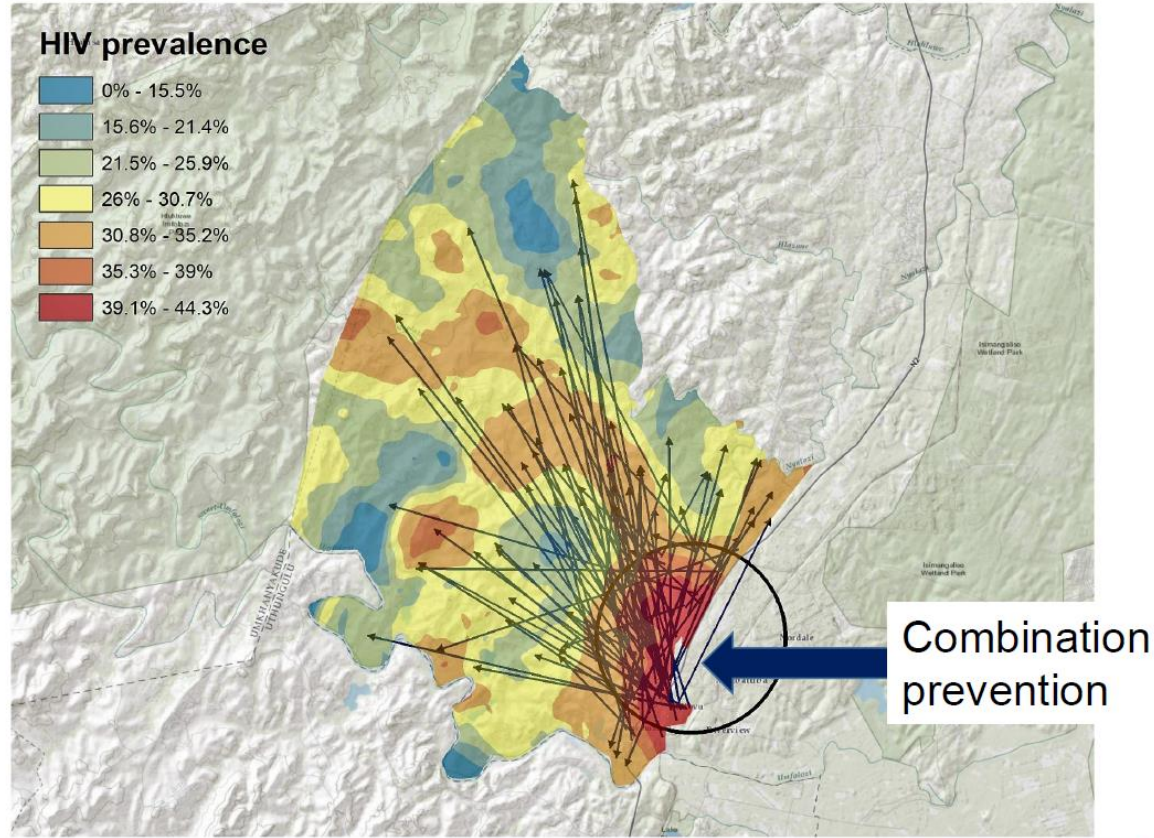
## Local prioritization



- The HIV prevalence hotspot contained 40.8% of the total HIV-positive individuals, and individuals located within the geographical cluster had 46% higher risk of HIV infection compared to individuals located outside the cluster

# Local prioritization

Focus high quality – differentiated prevention and treatment services – to areas of high transmission



## Why cities

In addition to the increase in urbanization in future years a focus on cities potentially has a number of additional benefits

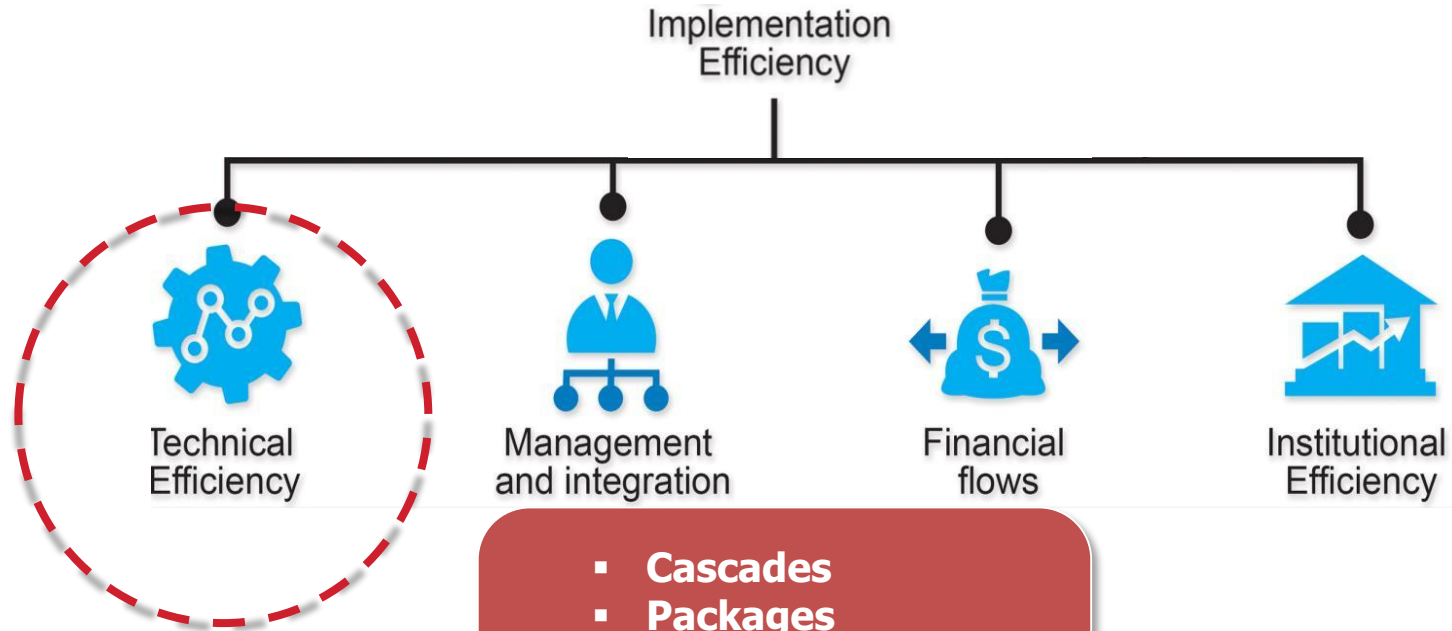
- *Political* – leveraging local, municipal interest including that of the private sector to potentially increase the available funding for HIV and other health related issues
- *Programmatic synergies* – the opportunity to saturate HIV, TB and other health interventions by population group, based on mapping
- *Quality improvement* – utilizing the cooperation of facilities and locally generated data to implement differentiated service delivery approaches to improve efficiency



Thank You

# BACKGROUND

# Where to look for implementation efficiency



- Cascades
- Packages
- Program costs
- Volumes
- Procurements

# Global Fund cycle and opportunities for interactions

