

# **Update Grant-Making**

**Global Fund HIV/AIDS Funding Request 2024-2026**

## **CCM Plenary Meeting**

**Vientiane Capital, 28 September 2023**

**Dr. Chanvilay Thammachak**

**Centre for HIV/AIDS and STI**

# Outline of presentation

1. Global Funding Allocation for 2024-2026 (GF letter dated 20 December 2022)
2. Preparation Process on development of the Global Fund Funding Request
3. Update Grant – Making Process
4. Final Submission for GAC (Grant Approval Committee)

# Global Fund Allocation for 2024-2026 (Allocation letter dated 20 December 2022)

Eligible disease component	Allocation (US\$)	Allocation Utilization Period
HIV	7,449,033	1 January 2024 to 31 December 2026
Tuberculosis	8,088,355	1 January 2024 to 31 December 2026
Total	15,537,388	

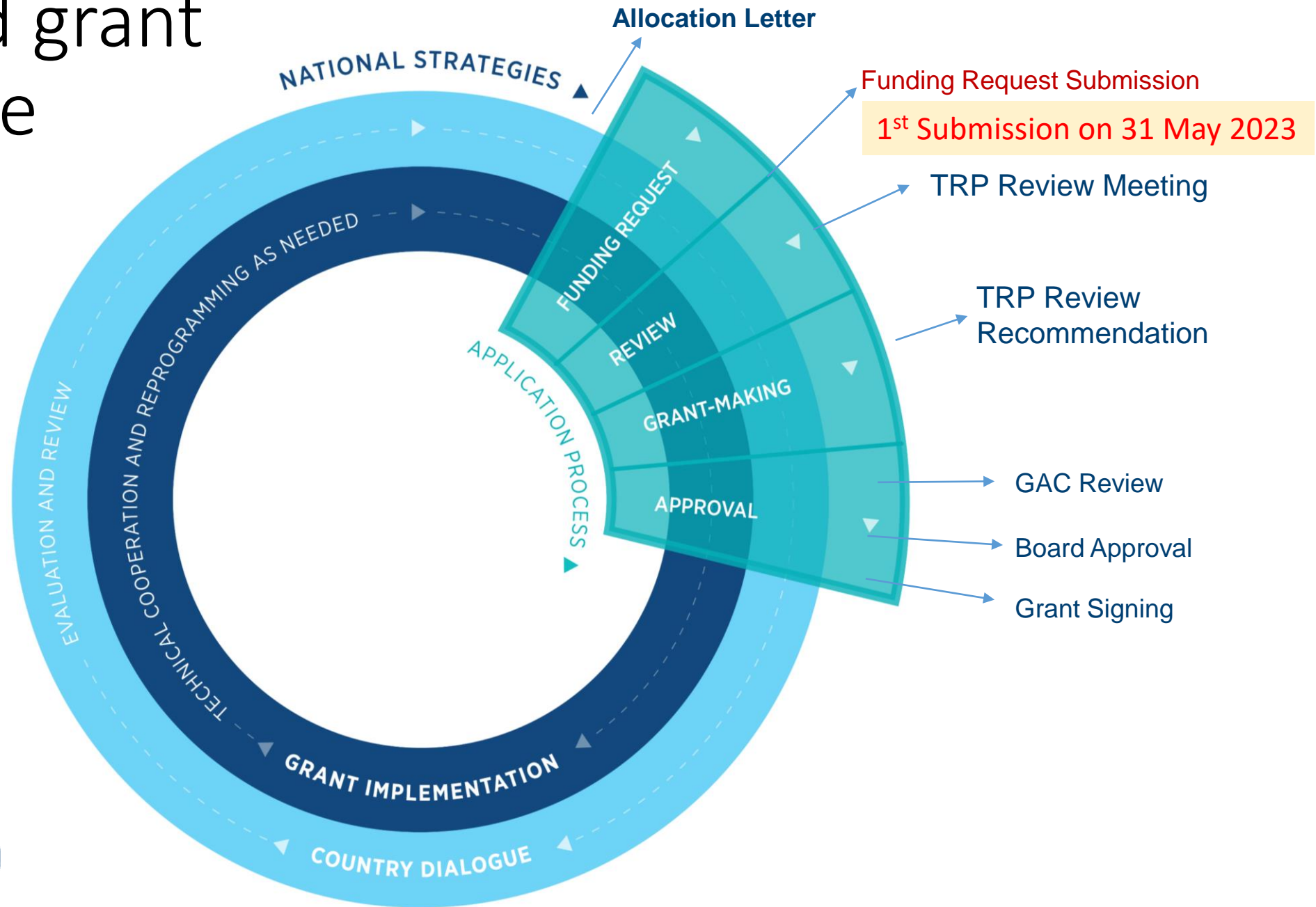
Opportunities for Funding Beyond the Allocation Amount :

- Lao People's Democratic Republic is eligible for the following catalytic Matching Funds  
→ **US\$2,000,000** for integrated laboratory systems strengthening.

# Preparation Process of GF Funding Request

No.	Activities
1.	Joint TB/HIV Mid-term Review of 2021-2025
2.	Update NSAP 2024-2026
3.	Partnership Workshop (Departments, Centers of MOH, Stakeholders, CSO, NGO and APL+, KPs)
4.	IQVIA meeting
5.	TB and HIV meetings
6.	Technical Meetings with The GF on different subjects: Allocated fund, Co-funding, Health products, Matching fund.
7.	Technical meetings to prepare HANSA 2 Project
8.	Consultation meeting with CSO, NGO, KPs, and APL+ on technical issues and budget

# Global Fund grant making cycle



## Core required documents and annexes to be submitted to the GF by 31 May 2023

Core required documents		
No.	Required documents	Update as of May 2023
1	<b>Draft of the Project Appraisal Document (PAD)</b> which provides an overview of HANSA 2 investment. Information on the financial and health sector must be included, as well as details on the implementation arrangements, measurement framework with values and targets for HIV and TB.	Draft available (Prepared by HANSA 2- DPF, WB)
2	<b>Country Dialogue Narrative</b> ( <i>GF specific template attached</i> ).	Drafted by CHAS and TB
3	<b>CCM Endorsement</b> ( <i>GF specific template attached</i> )	To be prepared by CCM Sec
4	<b>CCM Statement of Compliance</b> ( <i>GF specific template attached</i> ).	To be prepared by CCM Sec
5	<b>HIV and TB NSP</b> expected to be drafted and shared by the National Programs by <u>end February 2023</u>	NSAP 2024-2026 available
6	<b>Co-financing commitments for 2020-2022 and 2023-2025 letter</b> ( <i>GF specific template attached</i> ).	Letter drafted
7	<b>Funding Landscape Table</b> ( <i>GF specific template attached</i> )	Drafted
8	<b>Health Product Management Tool</b> ( <i>GF specific template to be shared soon</i> ).	Available
9	<b>Essential Data Table</b> ( <i>GF specific template attached</i> )	Drafted

## Core required documents and annexes to be submitted to the GF by 30 May 2023

<b>Annexes</b>		
1	<b>HANSA Evaluation Report.</b> The evaluation has been finalized. The report is expected to be shared and published by <u>end of January 2023</u> .	Available (HANSA Project)
2	<b>Report on Community Consultation</b> , including the civil society funding priorities. The report is being finalized and it will be shared and published <u>by mid-January 2023</u> .	Available (HANSA Project)
3	<b>Health Sector Reform Strategy 2016-2025.</b> This strategy was endorsed by the National Assembly in January 2014.	Available (HANSA)-MOH
4	<b>Joint HIV/TB MTR.</b> This joint mid-term review is being conducted now. The report is expected to be finalized by <u>end of February 2023</u> .	Available
5	<b>Gender Assessment</b> published in August 2020 and National Gender Strategic Plan (if available)	Available (HANSA) – MOH
6	<b>DLI Learning Report</b> conducted during Q3 of 2022.	Available (HANSA)
7	<b>List of Annexes and Abbreviations</b>	Available <sup>7</sup>

## GF CT Comments on Application Package after 1st submission (31 May 2023)

Require updated documents and re-submit			
No.	Documents	GF CT comment	Applicant Response
1	<b>Essential Data Table (EDT):</b> Tampered file	Please re-submit the table keeping the original version/title.	CHAS + NTC
2	<b>HPMT</b> : Quantification file for ARVs, HIV RDTs, HIV and TB molecular tests for 2024-2026. National Treatment guideline for TB and HIV	There are still errors/missing information in the file, and it seems the template is corrupted. CT has attached clean template with applicant to fill. HPMT needs to be aligned with what is proposed in the allocation vs PAAR. Some inconsistencies between documents.	CHAS + NTC
3	<b>Funding Landscape</b> : Health products tab	Old version of the template used, and the health products tab is missing a lot of critical information on overall need, % domestic financing etc. Applicant should resubmit the entire annex using the latest version of the template.	CHAS + NTC
4	<b>Co-financing Letter:</b> Re-submission of co-financing letter	Please work on the template by filling out the yellow highlights. The CCM should use the MOF letter head, indicating a date, the co-financing amounts, and all yellow highlights.	CCM Sec + DPF + DCDC CHAS + NTC



## GF CT Comments on Application Package after 1st submission (31 May 2023)

Require updated documents and re-submit			
No.	Documents	GF CT comment	Applicant Response
5	<b>Funding Priorities of Civil Society and Communities annex</b>	The current document shows the organization names, please specify the names of CSO representatives	CHAS
6	<b>PAAR : update PAAR template</b>	In order to include the PAAR information in the Global Fund Register, the CCM is required to complete the attached template. Please consolidate the HIV and TB PAAR information into PAAR template.	CCM + CHAS + NTC
7	<b>HPM plan + Implementation Mapping</b>	The HPM plan does not sufficiently describe the role of PR in coordinating with the MPSC, programs and GF on procurement planning, execution, and expenditure tracking. Given the challenges under HANSA I, it is recommended that implementation arrangement for procurement and supply chain management of health products, is given sufficient attention and adequately described in the HPM plan including HR, financial management.	CHAS + NTC + CHAI + WHO
8	<b>Programmatic Gaps tables and PF</b>	To be discussed in person when GF team is in country once PGT and TRP issues are fully addressed.	CHAS + NTC



Our reference: **Notification to proceed to Grant-Making**

Geneva, 27 July 2023

Honorable Dr. Phouthone Muongpak  
Chair of the Country Coordinating Mechanism  
CCM Secretariat Office,  
Simoung Rd, Vientiane  
Lao People's Democratic Republic

Dear Dr. Phouthone Muongpak,

We are pleased to inform you that the Global Fund Secretariat has endorsed the recommendation of the Technical Review Panel (TRP) for your HIV/TB funding request to proceed to grant-making. The TRP finds the funding request to be technically sound and strategically focused. The TRP's recommendations and any requests for clarifications or issues for resolution can be found in the attached Funding Request Review and Recommendation Form.

### Responding to issues and clarifications

The Funding Request Review and Recommendation Form identified actions to be addressed and completed within the specified timelines. In addition, the Secretariat may identify other actions to also be addressed. Your responses to the requested actions or clarifications should be provided in the attached "Applicant Response Form". Please submit the completed form to your Fund Portfolio Manager by **18 August 2023**.

## Funding Request Review and Recommendation Form

SECTION 1: Applicant information			
Applicant	Lao (People's Democratic Republic)	Applicant Type	Country Coordinating Mechanism (CCM)
Envisioned grant start date	2024-01-01	Envisioned grant end date	2026-12-31
Principal Recipient 1	Ministry of Health	Principal Recipient 2	n/a

SECTION 2: Summary of allocation funding request		
2.1 Allocation funding request		
Currency	USD	
Components	Application approach	Application amount
HIV/AIDS, Tuberculosis	Tailored for Focused Portfolios	15,537,388
Total amount		15,537,388

2.2 Total prioritized above allocation request (PAAR)	
Components	PAAR amount
HIV/AIDS, Tuberculosis	3,943,956
Total amount	3,943,956

**SECTION 4: TRP overall assessment and rationale**  
**4.1 Allocation funding request**

Following a similar initiative during the past grant funding cycle (2020 -2022), the Lao People's Democratic Republic (PDR) has submitted a blended finance agreement in partnership with the World Bank and other donors aimed at financing a joint project supporting primary healthcare (PHC), called HANSA II. The funding request is presented in the format of the World Bank's Project Appraisal Document (PAD). It is accompanied by a number of annexes that the TRP was able to review, including the Global Fund sponsored external evaluation. There was no detailed budget or performance framework in the Global Fund format, but the TRP was able to review performance and results framework and high-level budget in the World Bank format. The two tables below reflect the summary budget of the HANSA II project by source of funding and between its components as per the World Bank PAD format.

Sources of funding	US\$, millions
World Bank Group Financing (IDA Credit)	25.00
Trust Fund: Integrating Donor-Financed Health Programs	4.00
The Global Fund to Fight AIDS, Tuberculosis & Malaria	17.50

Component Name	Cost (US\$, millions)
Component 1: Financing for PHC services using NHI payments	16.70
Component 2: Integrated PHC Service Delivery	26.00
Component 3: Adaptive Learning and Project Management	3.80
Component 4: Contingency Emergency Response Component	0.00
<b>Total Project Cost</b>	<b>46.50</b>

Note: Final amounts will be confirmed during grant making.

HANSA II uses some form of results-based financing (RBF) at two levels:

- Under Component 1: RBF agreement between the project and the health centers: the project provides performance-linked payments to health centers based on an independent evaluation of their performance as measured by a Quality and Performance Scorecard (QPS) tool;
- Under Component 2: RBF agreement between the project and the government at central level: the project invests in building capacity of key areas through a mix of input-based financing and performance-based conditions (PBC) funding mechanism consisting in reimbursing government pre-financed expenditures to achieve each PBC, based on pre-set indicators and targets and reporting of actual eligible expenditures associated with PBC related activities.

The PBCs included in the draft PAD (funding request) are outlined in the table below:

	Proposed PBC Indicators	Total PBC Value (US\$)
PB1	Improve Integrated planning, budgeting and financial reporting for integrated PHC services	1,364,200
PB2	Increasing HCs' availability and readiness in providing quality integrated PHC services.	2,572,864
PB3	Improve integrated service delivery through integrated outreach	2,248,953
PB4	Strengthen the delivery of integrated SBCC at the village level to improve health and nutrition behavior	2,206,200
PB5	Reaching the unreached to End TB	2,969,621
PB6	Key populations and people living with HIV/AIDS access to HIV services	2,870,632

The draft Results Framework of HANSA II comprises five Project Development Objective (PDO) level indicators, and a number of Intermediate Results Indicators: one for Component 1, 17 for Component 2, and three for Component 3. Component 2 contains specific indicators for TB (2) and HIV (3).

Overall, the TRP considers the funding request to be strategically focused and technically sound, demonstrates potential for achieving impact and is poised for sustainability.

**Overall, the TRP considers the funding request to be strategically focused and technically sound, demonstrates potential for achieving impact and is poised for sustainability**

- The strengths of the funding request include:**
- HANSA II is a real opportunity to reduce vertical approaches, to further integrate disease responses into health services, with an emphasis on quality-of-service delivery, and to strengthen the health system.
  - The funding request leverages lessons learned from the evaluation of the implementation of the first HANSA project.

## 4.2 Prioritized above allocation request (PAAR)

The TRP considers the full PAAR of US\$3,943,956 to be quality demand. The TRP notes that the PAAR complements the allocation, is aligned with the outstanding gaps not covered in the program and is appropriately prioritized. The following two budget items are recommended to be included in the allocation if efficiencies are found during grant-making or grant implementation, namely:

- US\$15,000 for Prevention Program Stewardship: To develop standard guidelines for implementation of prevention activities, specifying comprehensive and minimum packages.
- US\$234,830 for Differentiate HIV Testing Services: To conduct outreach activities for HIV testing in the community level.

The PAAR interventions are detailed in the Excel PAAR table that accompanies this form. The TRP notes that if funding becomes available during grant implementation, initially reviewed funding amounts for recommended interventions (both in the Funding Request and PAAR) may be subsequently increased by up to 30%, without resubmission for TRP review and recommendation, provided that such increases are consistent with applicable Global Fund policies and guidelines; and in keeping with the blended finance agreement between the Government of Lao PDR and the World Bank.

## 4.3 Matching Funds

### **Incentivizing RSSH Quality and Scale, Integrated Lab Systems Strengthening**

Overall, the TRP recommends the matching funds request for grant-making. The TRP considers the matching funds to be complementary to the funding request, to have catalytic potential on access to healthcare and quality of care, to be strategically focused, technically sound, poised for impact and for sustainability. The access and programmatic conditions on matching funds are met:

- Lao PDR had to demonstrate that it invests a portion of its total country allocation that is greater than or equal to the amount of available matching funds, in lab strengthening activities: it has actually invested US\$ 4.7 million in laboratory strengthening activities from various funding sources, including the Global Fund allocation.
- Interventions proposed are in alignment with Global Fund's RSSH Information Note and serve to consolidate existing resources and initiatives to strengthen laboratory systems in two main areas: scaling laboratory network coverage, and rapid response.
- Activities proposed are designed to build, support and scale-up integrated laboratory services as outlined in their National Policy and National Strategic Plan for Health Laboratories 2023-2030.
- All interventions and activities proposed thereunder are in accordance with Health Sector Development Plan (2021-2025) and National Policy and National Strategic Plan (NSP) for Health Laboratories 2023-2030.
- Most of the interventions necessitate a comprehensive plan for upskilling and deployment of the health workforce at different levels of the health system.

# TRP Review and Recommendations on Application Package

## ISSUE 1: Monitoring indicators and performance-based conditions do not adequately reflect the performance of the TB and HIV programs

ISSUE DESCRIPTIONS	ACTIONS:
<p>HIV indicator in QPS:</p> <ul style="list-style-type: none"><li>– Where is the tracking and follow through for HIV positive mothers?</li><li>– Where is the tracking and monitoring of exposed babies and testing for serostatus at 4-6 weeks ?</li></ul> <p><u>HIV indicators in PDO and PBC:</u></p> <p>Viral load suppression remains critical, and should be a priority of the program. The TRP has requested CHAS to include VL suppression as a PBC. Consider including this in the PDO as well to ensure the full HIV treatment cascade is captured.</p> <p>PrEP. TRP has requested CHAS to include PrEP for MSM as a PBC. Please provide details on current estimates, quantification and details on scale up plan.</p>	<ol style="list-style-type: none"><li>1. The TRP requests the applicant to revise <b>HIV indicators to be added to the QPS, PDO and PBC</b> monitoring and payment metrics, and to</li><li>2. Include indicators related to the 95-95-95 targets for HIV treatment disaggregated by age and gender; and testing and <b>PrEP indicators for sex worker, men who have sex with men and trans and gender diverse people in the system of payments metrics</b> to incentivize higher levels of coverage for</li></ol>

# TRP Review and Recommendations on Application Package

**ISSUE 2: Absence of a consolidated operational plan to address new HIV infections in men who have sex with men and trans and gender diverse people**

ISSUE DESCRIPTIONS	ACTIONS:
<p>The TRP supports the response of the country and the HANSA II Project to the main drivers of new HIV infections by increasing the focus on key populations. However, the TRP is concerned that <b>there is a lack of a consolidated operational plan to address the key populations in whom the largest number of new infections is occurring which is men who have sex with men and trans and gender diverse people.</b></p>	<p><b>1. The TRP requests the development of a short action plan</b> (not more than five pages) that includes:</p> <ul style="list-style-type: none"><li>a) community-led outreach to MSM groups and individuals and involvement of the affected communities,</li><li>b) a comprehensive prevention package of services,</li><li>c) differentiated testing services including self-testing,</li><li>d) PrEP with various appropriate initiation, delivery and refill modalities and</li></ul>

# TRP Review and Recommendations on Application Package

## ISSUE 3: Low Coverage of antiretroviral treatment (ART) in children

ISSUE DESCRIPTIONS	ACTIONS:
<p><b>Coverage of children for antiretroviral treatment is 49% and mortality is high (25% in 2021) (Essential Data Tables), with no observable plan to address this issue in the funding request (draft PAD), though the problem is clearly described in the NSP.</b></p>	<p>The TRP requests the applicant to <b>develop a root cause analysis and short action plan (not more than five pages) to address the low pediatric ART coverage including more effective Prevention of Mother-To-Child Transmission, Early Infant Diagnosis and the use of new dolutegravir based regimens, demonstrating how ambitious results will be achieved and how this plan will be resourced in the context of the HANSA II blended finance instrument.</b></p> <p><b>Timeline: Within 6 months from the grant start date</b></p>



# Global Fund Country Mission in Vientiane (28 August to 1 September 2023)

## Summary key action points agreed during the Global Fund mission



### Global Fund Country Mission to Lao PDR

#### Summary of mission agreements and action points

Geneva, 6 September 2023

The objective of this document is to summarize the key action points agreed during the Global Fund mission to Vientiane from 28 August to 1 September 2023.

#### Programmatic and M&E

- The Global Fund Country Team (CT) and Ministry of Health (MoH) agreed to include the following additional monitoring and/or payment indicators linked to TB and HIV as recommended by the Technical Review Panel (TRP):

##### Monitoring only indicators

- Treatment success rate for people with bacteriologically confirmed new and relapse TB.
- Number of laboratory-confirmed RR-TB or MDR-TB cases identified.
- Number of laboratory-confirmed rifampicin-resistant (RR-TB) or multidrug resistant TB (MDR-TB) patients who started treatment for MDR-TB.
- People living with HIV newly enrolled in HIV care who were found eligible and started treatment for TB infection (percent).
- Treatment completion rate for people in contact with people with bacteriologically confirmed TB who began preventive treatment for TB infection.

##### Payment and monitoring indicators

- Percentage of people living with HIV on ART with Viral Load test result (monitoring and payment)
- Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP (monitoring and **payment**).

While the condition will focus on MSM due to the prevalence of HIV in this KP group, FSW and any individual that needs and requests the service will be provided and flexibility should be retained in the commodities to accommodate this. We agreed to a 90% focus on MSM and 10% on others.

- TPT indicator remains as previously agreed focused on children under 5 for 24 months, after which it will be adjusted to TPT for all that are eligible for year 3.
  - From month 1 -18, the program will build capacity for TPT for adults, determine a baseline and targets to be incorporated for Y3.
  - The program will update the TRP response form with a 1- 2 pager summary of this approach and what exactly they will be addressing in Y1 and 2.

#### Sustainability and Co-financing

- The MoH and Ministry of Planning and Investment (MPI) agreed to organize a high-level meeting with the MoF to discuss and agree on the Government of Lao commitments to meet the Global Fund Co-financing requirements.

##### Action points:

- The DPF agreed to submit a draft a draft of Commitment Letter including the details provided in the dedicated email (HIV and TB) by 15 September.
- The DPF in collaboration with NTC and CHAS agreed to:
  - Update the Funding Landscape Table (FLT) figures in the Overview, Detail and HPM tabs (needs and domestic investments as per the NSP) after adjustments on national operational plans and decisions about domestic financing of HP (HIV and TB).
  - Provide the supporting documentation (updated costed national plans)
- Provide updated distribution of the PBC values including the new conditions and targets (TB and HIV).

As agreed, the draft Commitment Letter, revised FLT should be submitted by 15 September.

#### Matching Funds

- Based on the priorities identified and in line with the National Laboratory Strategic Plan, it has been agreed the following two indicators will be used to measure the impact of the investment on laboratory system strengthening:

Indicator	Numerator	Denominator	Target
Percentage of molecular diagnostic analyzers (GXP) achieving at least 85% functionality (ability to test samples)	Number of molecular diagnostic analyzers (GXP) maintained within national laboratory network that are operational (capable of testing and have been calibrated)	Total number of molecular diagnostic analyzers (GXP) maintained on national registry of public health networks.	
Percentage of laboratories successfully participating in external quality assurance (EQA) or proficiency testing (PT) schemes.	Labs meeting 85% success rate and above in the selected PT scheme.	Total number of labs participating in EQA / PT scheme in the country.	

##### Action points

- Share numerator, denominator, and targets for the above two indicators, for inclusion in the performance framework.

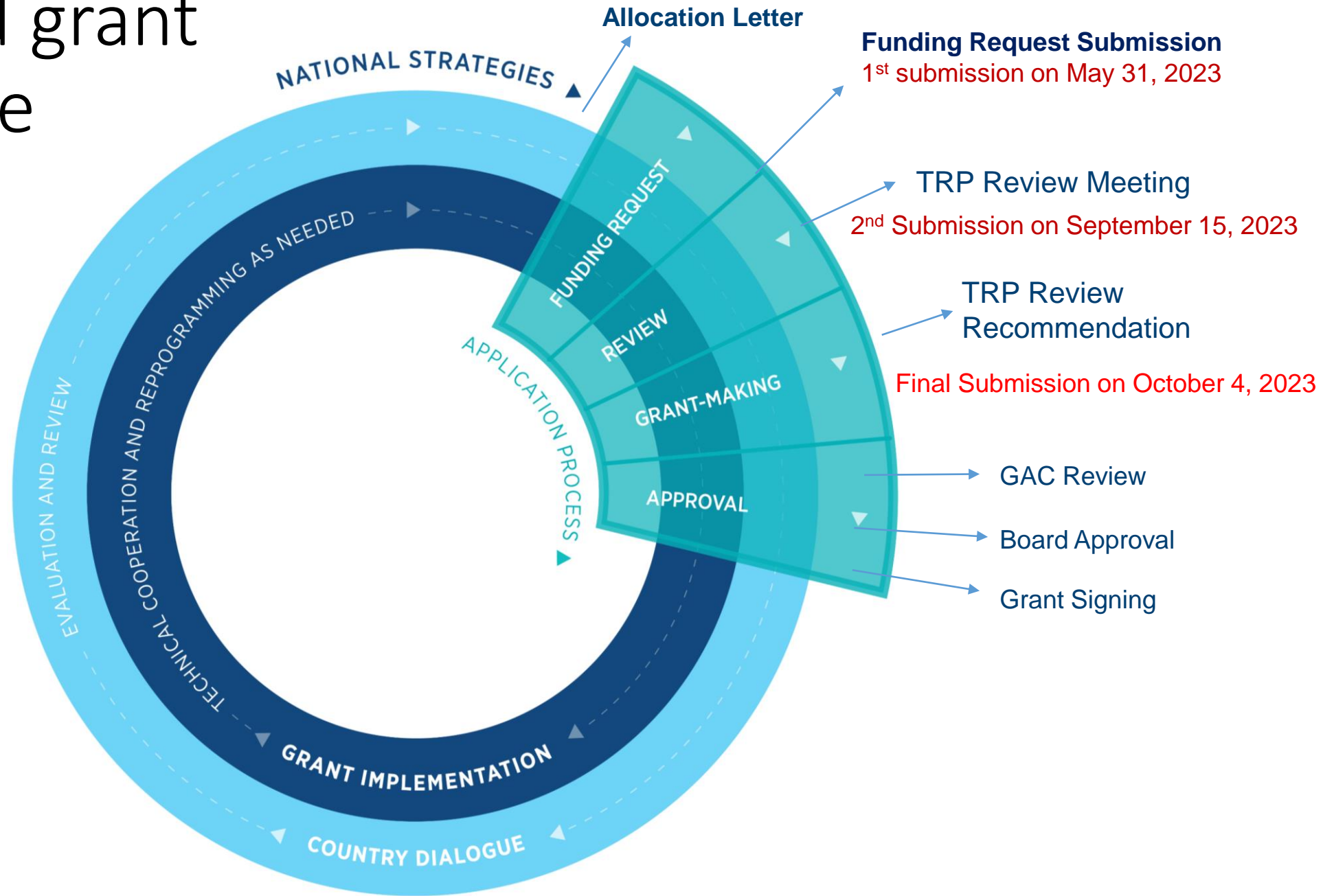
## TRP Comments on Application Package for 2<sup>nd</sup> Submission on 15 September 2023

Require documents update and re-submit			
No.	Documents	TRP comments	Applicant Response
1	<b>Update Application and Response Form</b>		Updated and shared
2	<b>Revised PBC HIV and Result Framework</b>	The TRP has requested CHAS to include VL suppression and PrEP for MSM/TG as a PBC. Consider including this in the PDO as well to ensure the full HIV treatment cascade is captured.	CHAS updated 2 PBCs: PBC 6.4: VL testing coverage PBC 6.5: PrEP
3	<b>Update HPMT for HIV commodities, includes condom and lubricants</b>	Increase Co-financing for HPs (Y2: 30% and Y3: 70%) Include Condom and Lubricants in GF allocation (Y1: 20%, Y2:10%. Y3:10%)	Co-financing for HPs (Y2: 20% and Y3: 50%)
4	<b>Update Funding Landscape : according to updated HPMT with condom and lubricants</b>	Update Funding Template with Total NSP Needs including HPs	Updated and shared
5	<b>Update Detailed budget template with Matching Funds</b>	There are still errors/missing information in the file, and it seems the template is corrupted. CT has attached clean template with applicant to fill.  HPMT needs to be aligned with what is proposed in the allocation vs PAAR. Some inconsistencies between documents.	Updated and shared by NCLE

## TRP Comments on Application Package for 2<sup>nd</sup> Submission on 15 September 2023

Require documents update and re-submit			
No	Documents	TRP comments	Applicant Response
5	<b>Co-financing Letter:</b> Re-submission of draft co-financing letter	Please work on the GF template by filling out the yellow highlights. The CCM should use the MOH letter head, indicating a date, the co-financing amounts, and all yellow highlights.	Updated and shared by DPF
6	<b>Short action plan for MSM and TG</b>	<b>The TRP requests the development of a short action plan</b> (not more than five pages) to address the community-led outreach to MSM groups and individuals and involvement of the affected communities, identify a comprehensive prevention package of services including differentiated testing services including self-testing, PrEP with various appropriate initiation, delivery and refill modalities and	Developed and shared
7	<b>Implementation Plan and Mapping</b>		Developed and Shared

# Global Fund grant making cycle



APPLICATION PROCESS:  
6-9 MONTHS



GRANT IMPLEMENTATION  
3 YEARS

# ຂອບໃຈຫຼາຍໆ

