Update on resource mobilization for UQD

February 2015
Geneva
Webinar with GFAN and partners
Overview

1) Policy framework for PS donor and authorized public mechanisms contributions to UQD

2) The UQD Register in the broader resource mobilization strategy
The former Policy on restricted financial contributions (PRFC)

An overview of the notional earmarking mechanism

Funding request

1. Implementer submits funding request; presumably full demand

TRP Review

2. Technically unsound
   - Signed into grant

Earmarked funding

3. Board approves grant upper ceiling based on demand, subject to availability of funds
   - Restricted Financial Contributions
   - Freed up resources
   - Restricted contributions free committed assets to support other Board-approved activities

Overview

- PS, D2H, UNITAID
- Contribution to Board-approved grants and Secretariat activities
- Not resulting in unreasonable transaction costs, system changes or deviation from GF rules
- Restrictions at level of disease, region, grant, procurement component

Results (2008-2016)

- PS – USD 333 million
- D2H – USD 106 million
- UNITAID – USD 39 million

Restricted financial contributions are contributions provided by private donors &/or authorized public mechanisms with restrictions on how they may be used.
Complementary restricted financial contributions (CRFC) enable eligible donors to target contributions towards UQD/part of UQD to complement the country’s initial allocation and any incentive funding.

**Concept Note Submission**
- Implementer submits funding request based on full demand

**Concept Note Review**
- Technically unsound
- Unfunded Quality Demand

**Additional funding**
- + CRFC from private donors/authorized mech.
- Indicative (& incentive) funding
- Additional funding through CRFC incorporated into GF grant

**Total GF funding**

**Principles**
- GF process to ensure quality & complementarity with GF investment
  - Similar vetting process & reporting requirements for all private donors regardless of the type of contribution so no significant transaction costs, system changes or deviation from GF rules
  - Restrictions remain at level of disease, region, grant, procurement component

**Projections**
- US$ 200 million additional funding for the current allocation period (1% of initial GF allocation amount for 2014-2016)
Complementary restricted financial contributions (CRFC)

Overview of the policy

1. **Comply with Guiding Principles**
   - Limited to those from private donors and authorized public mechanisms
   - Support grants approved by Board and activities of the Secretariat in line with the recipient-driven, Board-determined priorities
   - Not result in unreasonable transaction costs for the Global Fund or substantial changes to Global Fund systems and processes

2. **Restrictions on CRFC**
   - Support the UQD of a country or country disease component
   - Eligible Donors are precluded from prescribing the specific items of such UQD that would be financed by CRFC

3. **Key points to highlight**
   - CRFC may be excepted from parts of SIIC endorsed process for prioritizing and awarding resources available to UQD, particularly annual assessments of additional resources for UQD and prioritization of items
   - CRFC subject to Amended CFP and standard financial and operational processes
   - CRFC made through the Global Fund are subject to funding approval by the Board prior to inclusion into grant
   - Unutilized portions of CRFC become unrestricted sources of funds available for the Global Fund grant portfolio
   - Total amount of CRFC is less than the total sum of Global Fund financing committed to any grant receiving such contributions, ensuring that the programmatic results of such grants remain primarily attributable to contributions from all Global Fund donors.
Complementary restricted financial contributions

Process overview

1. Identification of opportunity
   - Existing/new donor expresses interest in making a restricted contribution to UQD
   - Development of partnership proposal
   - Begin screening process of new donor

2. Validation of ongoing need/relevance
   - GF discusses with CCM to confirm ongoing need and relevance of UQD item/s

3. Preliminary clearance to pursue opportunity
   - Funding opportunity presented to Senior Management for preliminary clearance to pursue the opportunity
   - Opportunity in discussion is flagged in Internal UQD register

4. Incorporation of opportunity into grant/program
   - Development of funding agreement and PF / budget or revised PF / budget as appropriate
   - Differentiated process depending on the timing when opportunity is finalized (before or after signing of grant)

5. Approval & signing
   - Board approval
   - Grant signing/signing of grant amendment
   - Signing of contribution agreement with donor
   - Communication of outcome, update UQD register (including external version)

Unrestricted funds to UQD

Once a year matching of available funds with priority needs on UQD register

Validation of ongoing need/relevance

Incorporation of opportunity into grant/program

Approval & signing
Overview

1) Policy framework for PS donor and authorized public mechanisms contributions to UQD

2) The UQD Register in the broader resource mobilization strategy
The UQD register is an additional tool for resource mobilization and complements existing efforts

- Work ongoing to secure additional **public donor pledges** over 2015-16. Based on FOPC assessment of available resources, additional resources will be allocated to UQD per SIIC framework.

- Additional **private donor pledges** have been secured and work ongoing to secure additional pledges:
  - **PRODUCT (RED)™ and Partners** increased their pledge by $30 Mil. for the current period after a successful campaign around World AIDS Day 2014 → pledges from PRODUCT (RED)™ and Partners continue to be notionally earmarked to AIDS grants in Africa
  - New pledges received from M·A·C AIDS Fund, GoodBye Malaria and Comic Relief for total of $12 Mil.
  - Opportunities in the pipeline with Anglo American plc. and others

- Since approval of Amended policy on restricted contributions and publication of UQD register generating interest, for e.g.:
  - Early indication from **new and existing private sector partners interested in investing in UQD**
  - **Renewed interest in the Debt2Health scheme**: Germany, Spain, Switzerland in discussion

- Work ongoing towards a **global HNWIs engagement strategy**
  - HNWIs, particularly those in implementing countries, interested in gaining local recognition in their own country → essential for Global Fund to offer the possibility that HNWI invest in unmet quality needs of programs in their country of interest
Update on HNWI engagement
Potential for significant investments from HNWIs in implementing countries

**Indonesia** – 2 campaigns led by BMGF active since 2013 with a target of $100 million each, of which 65% is set to go to the Global Fund:
- Dr. Tahir: $100 m committed
- Indonesia Health Fund: initial $40 million committed

**Vietnam** – Health Fund launched in June 2014, led by BMGF, with $5 m raised to date & opportunities to expand

**Philippines** – Potential of at least $30 m

**South Africa** – Commitment made by Mr. Motsepe to contribute $1 million to the Global Fund supported HIV programs through (RED).

**Thailand** – Potential of at least $30 m

**The Arab World** – Campaign to begin in 2015

**India** – Ongoing discussions for both HNWI contributions & an India Health Fund, with the goal of raising $150 million over 5 years

**Myanmar** – Potential of at least $10 m

**India**

**Vietnam**

**Philippines**

**Indonesia**

**South Africa**

**Thailand**

**Myanmar**

**The Arab World**

**India**

**Vietnam**

**Philippines**

**Indonesia**

**South Africa**

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**Philippines**

**Indonesia**

**South Africa**

**Thailand**

**Myanmar**
How the Global Fund and advocates can work together to mobilize resources for UQD

- **Encourage** countries to express their full expression of demand in concept notes
- **Communicate** effectively about the UQD register
- **Highlight** success stories about contributions to UQD
- **Support** Global Fund and country stakeholders’ efforts to raise domestic and other resources for UQD
Back-up

UQD of countries of interest to HNWI and in discussion with other PS donors
### Countries of potential HNWI interest

**Viet Nam TB/HIV**

<table>
<thead>
<tr>
<th>Country</th>
<th>Component</th>
<th>Module</th>
<th>Intervention</th>
<th>UQD Approval Stage</th>
<th>Further UQD Description (if applicable)</th>
<th>Amount Registered for UQD (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viet Nam</td>
<td>TB/HIV</td>
<td>HSS - Health information systems an <strong>Analysis, review and transparency</strong></td>
<td>GAC1</td>
<td>Strengthening strategic information: support drug resistance country plan, annual monitoring and interoperability of HIV and TB data systems in 30 provinces.</td>
<td>$0.61 M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
<td>HSS - Health information systems an <strong>Other</strong></td>
<td>GAC1</td>
<td>Validation of CAD4TB (computer assisted digital Chest X-Ray reading, TB care and prevention, HIS and M&amp;E).</td>
<td>$3.44 M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
<td>MDR-TB</td>
<td><strong>Case detection and diagnosis: MDR</strong></td>
<td>GAC1</td>
<td>Funds needed to secure the 2014 basic level of activities for 2017 (TB care and prevention, TB/HIV, MDR-TB, procurement and supply chain management (PSCM), HIS and M&amp;E, Program Management).</td>
<td>$9.28 M</td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
<td>MDR-TB</td>
<td></td>
<td>GAC1</td>
<td>Entry fully funded from incentive funding.</td>
<td>$0.00 M</td>
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<tr>
<td></td>
<td>TB/HIV</td>
<td>Prevention programs for other vulnerable populations: HIV testing and counseling as part of prevention</td>
<td>GAC1</td>
<td>Expand interventions to national scale for HIV self-testing and linkage to service.</td>
<td>$1.20 M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
<td>Prevention programs for people who inject drugs: Behavioural change as part of prevention</td>
<td>GAC1</td>
<td>Expand intensified case finding and care.</td>
<td>$18.71 M</td>
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<tr>
<td></td>
<td>TB/HIV</td>
<td>TB care and prevention</td>
<td><strong>Case detection and diagnosis</strong></td>
<td>GAC1</td>
<td>Ensure quality of ART: Accelerated roll-out and monitoring.</td>
<td>$15.06 M</td>
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<tr>
<td></td>
<td>TB/HIV</td>
<td>Treatment, care and support</td>
<td><strong>Treatment monitoring</strong></td>
<td>GAC1</td>
<td></td>
<td>$1.92 M</td>
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<tr>
<td></td>
<td><strong>TB/HIV Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$50.23 M</strong></td>
</tr>
</tbody>
</table>

**Viet Nam Total**

| **Grand Total** |                                                   |                                                   |                    |                                                                                                          | **$50.23 M**            |
## Countries of potential HNWI interest

Philippines HIV

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<tr>
<td>Philippines</td>
<td>HIV</td>
<td>Community systems strengthening</td>
<td>Institutional capacity building, planning &amp; leadership development</td>
<td>GAC1</td>
<td>Will allow the country to improve key populations programming in-country and capacity of community-based organizations.</td>
<td>$0.00 M</td>
</tr>
<tr>
<td>HIV</td>
<td>Prevention programs for MSM and TGs</td>
<td>Behavioral change as part of programs for MSM and TGs</td>
<td>GAC1</td>
<td>The GAC recommended that US$2,223,484 for additional ART to enroll 7,381 patients by 2017 be registered as unfunded quality demand.</td>
<td>$0.00 M</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>Prevention programs for people who inject drugs (PWID) and their partners</td>
<td>Behavioral change as part of programs for PWID and their partners</td>
<td>GAC1</td>
<td>Will allow the country to reach 80% coverage by expanding interventions to an additional 3 cities.</td>
<td>$0.00 M</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>Treatment, care and support</td>
<td>ART</td>
<td>GAC1</td>
<td>ART to enroll 7,381 patients by 2017</td>
<td>$2.22 M</td>
<td></td>
</tr>
<tr>
<td>Philippines Total</td>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
<td>$2.22 M</td>
<td></td>
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<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2.22 M</td>
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## Countries of potential HNWI interest

### Indonesia Malaria

<table>
<thead>
<tr>
<th>Country</th>
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<th>Amount Registered for UQD (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>Malaria</td>
<td>Vector control</td>
<td>Long-lasting insecticidal nets (LLIN)</td>
<td>GAC2</td>
<td>-</td>
<td>$3.70 M</td>
</tr>
<tr>
<td></td>
<td>Malaria Total</td>
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<td></td>
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<td></td>
<td>$3.70 M</td>
</tr>
<tr>
<td>Indonesia Total</td>
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<td>$3.70 M</td>
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<tr>
<td>Grand Total</td>
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<td></td>
<td></td>
<td></td>
<td>$3.70 M</td>
</tr>
</tbody>
</table>
## Countries of potential interest to CIFF

### Tanzania HIV/TB

<table>
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<tr>
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<tr>
<td>Tanzania (United Republic)</td>
<td>TB/HIV</td>
<td>Community systems strengthening</td>
<td>Other</td>
<td>GAC1</td>
<td>Support expansion to other regions and additional CSOs.</td>
<td>$1.55 M</td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
<td>HSS - Health information systems</td>
<td>Surveys</td>
<td>GAC1</td>
<td>To support THIS-4 Survey, HIVDR survey</td>
<td>$15.25 M</td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
<td>MDR-TB</td>
<td>Case detection and diagnosis: MD</td>
<td>GAC1</td>
<td>To identify and treat MDR-TB patients per the concept note</td>
<td>$6.32 M</td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
<td>PMTCT</td>
<td>Other interventions for PMTCT- P</td>
<td>GAC1</td>
<td>Expansion of PMTCT services in other regions</td>
<td>$34.12 M</td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
<td>Prevention programs for general</td>
<td>Condoms as part of programs for</td>
<td>GAC1</td>
<td>This will target sexually active age groups in 6 regions with rising prevalence of HIV (Kagera, Mtwara,</td>
<td>$8.00 M</td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
<td>Prevention programs for MSM and T</td>
<td>Condoms as part of programs for HIV infection</td>
<td>GAC1</td>
<td>Increase service coverage among men who have sex with men</td>
<td>$0.84 M</td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
<td>Prevention programs for sex worker</td>
<td>HIV testing and counseling as part</td>
<td>GAC1</td>
<td>To increase coverage of combined prevention</td>
<td>$1.80 M</td>
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<tr>
<td></td>
<td>TB/HIV</td>
<td>TB care and prevention</td>
<td>Case detection and diagnosis</td>
<td>GAC1</td>
<td>To ensure notification of TB cases according to the proposed targets.</td>
<td>$4.00 M</td>
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<tr>
<td></td>
<td>TB/HIV</td>
<td>Other</td>
<td></td>
<td>GAC1</td>
<td>Scale up of Isoniazid Preventive Therapy.</td>
<td>$4.00 M</td>
</tr>
<tr>
<td></td>
<td>TB/HIV</td>
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<tr>
<td><strong>Tanzania (United Republic)</strong></td>
<td><strong>Total</strong></td>
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<td><strong>$81.04 M</strong></td>
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<td><strong>Total</strong></td>
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