

## Applicant Response Form – [FOR GRANT-MAKING]

SECTION 1: Overview			
Applicant Information			
<b>Country</b>	Ghana	<b>Currency</b>	US\$
<b>Applicant type</b>	CCM	<b>Component(s)</b>	TB/HIV
<b>Envisioned grant(s) start date</b>	1 January 2018	<b>Envisioned grant(s) end date</b>	31 December 2020
<b>Principal Recipient 1</b>	Ministry of Health- Ghana Health Services	<b>Principal Recipient 2</b>	West African Programme to Combat AIDS and STI (WAPCAS)

SECTION 2: Issues to be addressed during grant-making and/or grant implementation	
<b>Issue 1: Lack of ambition with the proposed TB treatment coverage targets.</b>	<b>Cleared by:</b> Secretariat
<p><b>TRP Input and Requested Actions</b></p> <p><b>Issue:</b> The TRP appreciates the ambitious scale up of ICF, including introduction of rapid diagnostic methods for TB and DR-TB. However, the TRP also notes the lack of a clear justification for the low TB treatment coverage targets (targets of TB treatment coverage (40 percent in 2018; 42 percent in 2019, row 10 in performance framework) proposed by the applicant.</p> <p><b>Action:</b> The TRP recommends that the applicant revises the TB treatment coverage targets to make them ambitious and in line with the effort to expand and intensify TB case finding including the introduction and scale up of rapid diagnostic methods. The applicant is encouraged not to plan to miss more than 50 percent of estimated TB cases, notwithstanding the wide confidence interval around the estimate of treatment coverage.</p> <p><i>Please provide an executive summary on the actions taken:</i></p> <p>The treatment coverage as at 2015 is 53 cases per 100,000 population. Introduction of ICF in 113 facilities is expected to result in improved treatment coverage of 5-7 cases per 100,000 increase based on WHO estimates for Ghana hence the initial target. This is also based on resources available.</p> <p>In order to achieve better treatment coverage, diagnostic algorithms have been revised in 2017 and are being implemented with huge cost implication for GeneXpert cartridges which cannot be funded under the current grant.</p> <p>Alternatively, the PR revises the targets as follows based on increased funding for GeneXpert cartridges, among others, 50% (21960), 55% (23849) and 60% (25646) of estimated incident cases may become the revised target.</p>	

<b>Issue 2: Insufficient supportive systems for DR-TB treatment</b>	<b>Cleared by:</b> TRP
<p><b>TRP Requested Actions</b></p> <p><b>Issue:</b> The TRP notes that targets for DR-TB treatment enrollment are commendably ambitious. However, it is not clear how the supportive systems and staff capacity will be developed to scale-up care for MDRTB including the introduction of shorter DR-TB regimens and the individualized regimens for DR-TB patients not eligible for short course treatment. An estimation of the number of patients in need of new TB drugs has not been conducted and a budget for procurement of new (Bedaquiline and Delamanid) and repurposed drugs has not been proposed. An active drug safety and monitoring (aDSM) plan is not provided.</p> <p><b>Action:</b> The TRP recommends the development of an operational plan (2-5 pages) for DR-TB treatment capacity building and a DSM to accommodate the potential increase in DR-TB case detection and treatment.</p>	

The TRP also recommends an assessment of the unmet needs and procurement budget for new and repurposed drugs for the treatment of DR-TB patients not eligible for the shorter regimen, including special consideration of the specific needs for children with DR-TB, e.g. children friendly drug formulations, trainings on management of DR-TB in children.

*Please provide an executive summary on the actions taken:*

There is an existing operational plan for DR-TB management which has been updated following TRP comments. As part of the implementation of the plan which is supported by the reprogrammed budget, the following activities are being undertaken

1. Revise and print National PMDT Guidelines and to include newer short course treatment and re-purposed drugs as well as guidelines for paediatric DR-TB
2. A GLC Mission by a PMDT Expert is planned for September 2017 to review the national DR TB management programme as well as provide capacity building for national level experts and Regional Teams to implement the new regimen using the revised country guidelines including management of DR-TB in children
3. A proposal is being prepared to access the USAID donation of Bedaquiline for the treatment of pre XDR-TB patients.
4. Use of Hains' Line Probe Assay (LPA) tests in National TB Reference Lab with capacity for second medicines resistance testing
5. Identification of treatment and admission facilities for persons requiring short term admission
6. Based on TRP comments, we update the PSM plan. We quantified the proportion of patients who will be treated using the shorter regimen and individualized longer regimen to be updated in 2018 based on assessment of the first year cohort of MDR TB patients with second line DST test profile. For children age 6-17 and adult greater than 65 years who are not eligible for shorter regimen the programme will procure Delamanid.
7. Established protocol for clinical monitoring of patients on second-line regimen

There is an existing mechanism to ensure drug safety monitoring for all TB medicines. The Food and Drug Authority is the agency responsible for this activity and has been resourced by the Global Fund. Their capacity have been developed. The mechanism also has pharmacovigilance in place that monitors drug safety.

The new grant has budget to manage 95% of all new clients on the new shorter regimen and to maintain 5% on the longer individualized regimen. The upcoming GLC mission would provide opportunity to quantify for the re-purposed drugs to be included in the newer country protocol.

For children less than 6 years of age who are not eligible for shorter regimen there is no add-on agent for the treatment of pre XDR TB alongside with the longer regimen. WHO didn't recommend neither Bedaquiline nor Delamanid for age less than 6 years.

**Issue 3: Funding Request does not include crucial activities for ensuring functionality of diagnostic systems.**

**Cleared by:** Secretariat

**TRP Input and Requested Actions**

**Issue:** The TRP notes with approval the scale up of introduction of rapid molecular diagnostic tests (GeneXpert MTB Rif, second line LPA) however, essential elements for uninterrupted functionality, maintenance and data collection are not addressed. Power back-up equipment and GxAlert are included in PAAR, but not in the main allocation.

**Action:** The TRP recommends that the Secretariat work with the applicant to seek for efficiencies to enable prioritization of essential elements of Xpert functionality and connectivity for funding within the allocation.

*Please provide an executive summary on the actions taken:*

These comments are appropriately noted and have been of concern to the PR due to the limited funding envelope.

PR has identified savings from current grant on review and proposes its application to the following:

- procure Power back-up for existing GeneXpert machines
  - procure GxAlert to address GeneXpert connectivity and reporting challenges
- Hence procurement of power backup for GeneXpert and GxAlert will be managed under the existing grant.

All GeneXpert machines within the country are currently under warranty till September 2018. Maintenance costs would be included in 2019-2020 budget.

<b>Issue 4: Doubtful effectiveness and sustainability of proposed activities for human resources capacity building and motivation</b>	<b>Cleared by:</b> Secretariat
<p><b>TRP Input and Requested Actions</b></p> <p><b>Issue:</b> The applicant has highlighted the need for enablers for health care workers for patient care and support. The TRP is concerned that these enablers are not based on performance-criteria. The TRP is also concerned that proposed monthly supervisions are not sustainable within the fiscal environment</p> <p><b>Action:</b> TRP recommends that enablers for health care workers are tied to performance based standards. The TRP recommends that the applicant maintain quality quarterly supportive supervision as a standard or norm.</p>	
<p><i>Please provide an executive summary on the actions taken:</i></p> <p>The cost of transport to support treatment at the community and out-of-station lunch for health workers during home visit enables the health worker to provide essential service of DR-TB patients. This operational cost is the enablers package.</p> <p>Targeted supervision is planned once every two months (six times per year) not monthly as reported. However, if this is considered too frequent, the PR will revise to quarterly.</p>	

<b>Issue 5: Inadequacy of proposed efforts to reduce human rights barriers to access to services</b>	<b>Cleared by:</b> TRP and Secretariat
<p><b>TRP Input and Requested Actions</b></p> <p><b>Issue:</b> The TRP appreciates the attention to intensify activities designed to address human rights barriers to HIV and TB services, especially for key populations. It notes that the proposed activities are described in very broad terms at this time but that the findings of the forthcoming assessments on scaling-up programs to address human rights-related barriers and of the quality of HIV services for key populations will inform the further development of these activities. These findings will also guide the development of requests for matching funding to remove human rights related barriers to access to health services for key populations and people living with HIV/AIDS (for up to US\$2.3m), as well as for increasing key populations impact (for up to US\$3.6m). The applicant indicates that it will request a waiver of the 1:1 requirement for matching funds to remove human rights barriers to health services at the time it submits the matching funds requests. Given that the purpose of the matching funds are to incentivize and catalyze the impact of within-allocation activities, the TRP believes that this large investment imbalance would not be appropriate.</p> <p><b>Action:</b> The TRP recommends the plans for activities to reduce human rights barriers to access to services be revised, based on the findings of the forthcoming assessments, to cover people affected by both HIV and TB, and to include consideration of more focused and systematic interventions to address critical human rights barriers (including stigma and discrimination), together with broader policy changes and strengthening of accountability measures both at health facility and community levels. The TRP requests that:</p> <ol style="list-style-type: none"> <li>the preliminary plan be cleared by the Secretariat during grant-making,</li> <li>and revised plans be cleared by the TRP within six months of grant implementation. In terms of the plan's structure, the TRP recommends including a logical framework, with the most important parts being: <ul style="list-style-type: none"> <li><input type="checkbox"/> problem identification (human rights barriers, gender-related barriers) and prioritization of key population based on available information;</li> <li><input type="checkbox"/> SMART (specific, measurable, achievable, realistic and timely) objectives with targets to be achieved;</li> <li><input type="checkbox"/> methods that capitalize on empowering of and partnerships with the local civil society and affected communities;</li> <li><input type="checkbox"/> a set of indicators and a monitoring plan; and</li> <li><input type="checkbox"/> budget</li> </ul> </li> </ol> <p>The TRP further recommends that the country strive to re-budget additional funds for the human rights work related to HIV and TB from other program areas to ensure later matching on content and funding, as it would not be able to approve the matching funds request under current conditions.</p>	
<p><i>Please provide an executive summary on the actions taken:</i></p> <p>The PR recognizes that there is a current assessment being undertaken on human rights. The report of this exercise will be ready by the end of August 2017. The findings will form the basis for developing a comprehensive budget, work plan and monitoring plan for the human rights intervention. In the interim, because the 1:1 waiver was not granted, the PR will be guided by this decision. Therefore, the PR will adequately budget for the human right activities in order to access the catalytic funding.</p>	

<b>Issue 6: Departure from normative guidance on the provision of IPT to people living with HIV</b>	<b>Cleared by:</b> Secretariat
<p><b>TRP Input and Requested Actions</b></p> <p><b>Issue:</b> The TRP notes that the applicant has continued not to provide TB preventive therapy to people living with HIV. Research evidence suggests that the combination of ART and TB preventive therapy has an additive effect on TB prevention in HIV infected persons. The choice not to implement TB preventive therapy in HIV infected persons is not in conformity with normative guidance and misses the opportunity to further reduce the burden of HIV associated TB.</p> <p><b>Action:</b> The TRP recommends that the applicant, together with technical partners, review and reconsider the decision not to implement TB preventive therapy in HIV infected persons in Ghana in HIV and TB programs.</p>	
<p><i>Please provide an executive summary on the actions taken:</i></p> <p>The TB/HIV Programme has already revised diagnostic screening algorithm for TB for PLHIV that will lead to the enrollment of PLHIV onto IPT. The plan is to screen all PLHIV for TB twice in a year using digital x-rays and GeneXpert. Implementation is scheduled to start in 137 ART sites with GeneXpert capacity. The NTP intends to cover the entire 216 districts with GeneXpert before end of quarter one of 2018. Further expansion of IPT coverage will follow the GeneXpert expansion plan. There is cost implication for GeneXpert cartridges, capacity building, etc. The cost will be determined by both NTP and NACP and later shared with the country team and the global fund.</p>	

<b>Issue 7: Need to monitor Funding Commitment Contingencies</b>	<b>Cleared by:</b> Secretariat
<p><b>TRP Input and Requested Actions</b></p> <p><b>Issue:</b> The TRP notes that the country has substantial commitments from other donors. When the former GoG did not meet its commitment to procure necessary ART and RDT from 2015-2017, these gaps were covered by the Global Fund and PEPFAR. The MOU between GoG and PEPFAR, states that PEPFAR funding levels are contingent on GoG procuring ART, RDT and laboratory supplies. In addition, the agreement between the GoG and the Global Fund to convert \$27M in losses from the CMS Fire into a functional supply chain may result in significant reductions to the 2018-20 allocation should the GoG fail to meet the agreed milestones. Failure to meet these commitments could result in negative funding consequences for the HIV program, including ART provision. The achievement and sustainability of 90-90-90 will be severely impacted if GoG fails to provide ARTs in full and on time.</p> <p><b>Action:</b> The TRP recommends that the GoG work with donors to develop a contingency plan considering the severe negative consequences to the HIV program if the GoG does not meet its financial commitments to achieve 90-90-90. The TRP further recommends that the Secretariat should support this process.</p>	
<p><i>Please provide an executive summary on the actions taken:</i></p> <ul style="list-style-type: none"> <li>• The Government of Ghana is re-doubling efforts and has taken steps to meet its financial obligations and commitments. The new government in the last four months, through the National Health Insurance Authority has repaid One Million, Three and Sixty-Two Thousand, Eight Hundred and Ninety-Two Ghana (US\$1,362,892) to the Global Fund covering <ul style="list-style-type: none"> <li>- The amount of the cash repayment stated in the CMS Fire Agreement.</li> <li>- The ineligible expenditures identified during the implementation of the various programmes financed by the Global Fund in Ghana in the aggregate amount of US\$ 646,736</li> <li>- Another payable of US\$ 34,800</li> <li>-</li> </ul> </li> <li>• The GoG has also paid its indebtedness of Ten Million USD (US\$10M) to GAVI in July 2017 for 2017 allocation of vaccines, and to procure US\$ 3.2M worth of ART and health products in compliance with the PEPFAR MOU.</li> <li>• Currently the macroeconomic indicators have improved hence it is expected that more resources can be raised from the 10% NHIS allocation.</li> <li>• The cost of ART commodities is projected to reduce overtime. Hence, the amounts allocated in the new grant will be able to cover other clients.</li> <li>• In December the GAC ACT (938) was passed by the parliament of Ghana which establishes a National HIV and AIDS fund. This fund intends to provide financial resources for the national HIV and AIDS response target, in particular, HIV prevention, including the reduction of mother-to-child transmission, stigma reduction, treatment and the care and support of persons living with HIV.</li> </ul>	

- In addition, the Ministry is making commitments to increase its allocation to the Global Fund in our 2018 budget and also continue to allocate under our NHIA Funding allocation. We will simultaneously develop the contingency plan to forestall any eventualities.

**Issue 8: Weak financial and program management arrangements**

**Cleared by:** Secretariat

**TRP Input and Requested Actions**

**Issue:** While the move to integrated service delivery is significant and commendable, the TRP is concerned about the program's ability to deliver on the new plans because there is a history of weak financial and program management at the level of the principal recipient and at delivery levels. Some of the actions in the current funding request are contingent on activities which might be in jeopardy if these co-financing or performance targets are not met.

**Action:** The TRP recommends that the country coordinating mechanism and principal recipients work with the Secretariat to develop a mechanism to ensure adequate financial leadership at principal recipient level, ensure oversight of financial management performance and hold partners accountable for meeting commitments at central and decentralized levels. This will ensure that financial and performance management arrangements are strengthened at all levels.

*Please provide an executive summary on the actions taken:*

The Ministry of Health/Ghana Health Service is the Principal Recipient of the Global Fund current grant. The PRs are assuming enhanced roles for Financial & Accounting Management and Financial Risk Identification & Risk Mitigation Management Planning of grant at all levels.

For Financial & Accounting Management, the following specific roles will be performed across the country using existing structures in MoH and GHS.

- At the National and regional levels, the PR will use SAGE ACCPAC accounting software.
- At the district level, an excel based E-Transactional tool will be used for financial and accounting purposes.
- All financial information will be transmitted through the existing structures and consolidated through the PR Secretariat.
- The existing financial directorates of the Ministry of Health and Ghana Health Service will be lead in financial monitoring and reporting.

For Financial Risk Identification & Risk Mitigation Management Planning role

- The office of the Directors of Finance and Internal Audits of the Ministry of Health and Ghana Health Service will manage and monitor identified financial risk issues, prompting and escalation to PR Managers to trigger risk mitigation actions promptly when the need arise.

In addition, The Public Financial Management 2016 Act 921 established sanctions by surcharging of officers for financial malfeasance.

**Issue 9: Lack of prioritization and detail of proposed RSSH investments**

**Cleared by:** Secretariat

**TRP Input and Requested Actions**

**Issue:** With this Funding Request the applicant commendably seeks to maximize impact and sustain gains through improved supply chain management, better data quality reviews, cleaner financial audits and ambitious implementation arrangements including through communities, identified in the RSSH strategy. These will take time to implement. Meanwhile, the TRP believes there can be rapid gains in important areas that are already underway, particularly supply chain and data management. There may be benefits to be gained from rebalancing the focus (including associated expenditure) of proposed investments to accelerate progress in critical areas and ensure that available resources are used to maximize outcomes.

**Action:** The TRP recommends that the applicant work with the Global Fund Country Team to rebalance relevant RSSH components affecting the delivery of HIV and TB program commitments. The TRP further recommends conducting an assessment of actionable and measurable operational plans to ensure maximum efficiencies.

*Please provide an executive summary on the actions taken:*

Already the GF is investing significant amount in improving and sustaining the gains made in health management information system for the health sector. Notwithstanding, efforts will be made to rebalance priorities in efficiency gains during implementation to scale-up proven interventions in the RSSH to achieve and sustain high impact gains in Malaria, TB and HIV.

As a result of the rationalization of the cost elements based on the current approved standard rates, assumptions and new exchange rate, a fiscal space was created to accommodate one principal area of RSSH, which was under PAAR No. 3 Supply Chain infrastructure and development of tools. The total amount was \$ 1,561,000 as against the PAAR value of \$ 970,000. This is supposed to address PSM weakness which has hitherto been a significant factor in retarding program from achieving their expected effectiveness as reiterated by the TRP and rated to be a high priority. The specific activities being referred to and their budget lines within allocation as reflected in the detailed budget template are as indicated below:

BL 343: 1.1.3 Develop a change and vendor management strategic plan

BL 344: 1.1.4 Rolling out of Change and Vendor Management Plan

BL 345: 1.1.5 Supportive Supervision to assess process optimization and post implementation evaluation

BL 346: 1.1.6 Develop LMIS operational sustainability plan

BL 347: 1.1.7 Roll out of LMIS operational sustainability plan

The PF for the RSSH incorporates clear and visible indicators for the core areas of PSCM and HMSI (See the revised PF), such as the percentage of health facilities with essential medicines and life-saving commodities in stock which is targeted to improve from 75% (2016) to 100% (2018). In the same vein the Percentage of RMSs reporting no stock out of tracer medicines is targeted to improve from 75% (2016) to 90% (2020). This will contribute to addressing stock out of essential medicines and commodities for the three GF diseases Malaria, TB, HIV.

The GHS-PPMED will develop a clear roadmap and action plan for the implementation of the interventions embodied in the RSSH. In order to enhance the tracking and reporting of plan implementation as well as continuous performance measurement, a workplan has been developed and a dashboard will be created to track the implementation of activities and performance. Additionally, periodic reviews are organized in the health sector at all levels and these provide opportunity for assessing implementation progress of all programs including TB, HIV and Malaria. The PR has comprehensive M&E plans and established mechanisms for periodic assessment, such as annual and biannual performance review meetings as well as specific program review

Moreover, the enhanced role of the Director General's Office as well as that of the sector Ministry will contribute to providing high-level effective monitoring and coordination for the achievement of the performance objectives. (Refer to the detail implementation arrangements). In view of the expected role of the PR Secretariat, gains made through rationalization of the standard rates as well as the new exchange rate among others has facilitated the allocation of funds to support the operational and management activities of the Secretariat. An amount of \$ 225,027.91 is being requested for this support.

Among the programs and the RSSH, the Sector Ministry will subject the operational plans to high-level periodic reviews and approval. This will ensure synergy and avoidance of duplication and waste to ensure value for money and operational efficiency during implementation.

PR Managers (Honourable Minister, Chief Director and Director General) will through their high-level oversight management responsibilities and financial accountability ensure that activities are implemented on time and within budgetary allocation for timely reporting.

Your replies to the clarifications requested must be provided to the Fund Portfolio Manager .