

PRIORITIZED ABOVE ALLOCATION REQUEST / UPDATE

SUMMARY INFORMATION	
Applicant	CCM Ghana
Component(s)	TB/HIV
Total above allocation request (US\$ or EUR)	US\$24,873,221

Prioritized Above Allocation Request

Provide in the table below a prioritized above allocation request which, if deemed technically sound and strategically focused by the TRP, could be funded using savings or efficiencies identified during grant-making, or put on the Register of Unfunded Quality Demand to be financed should additional resources become available from the Global Fund or other actors (e.g. private donors and approved public mechanisms such as UNITAID and Debt2Health). This above allocation request should include clear rationale and should be aligned with the programming of the allocation for maximum impact. The request should reflect the order in which interventions will be funded if additional resources become available. In line with the Global Fund's Strategy to maximize impact and end the epidemics, the prioritized above allocation request should be ambitious (for example, representing at least 30-50 percent of the allocation amount).

[Component] – *Copy the table as needed, if your funding request includes more than one component*

Module	Interventions	Amount requested	Brief Rationale, including expected outcomes and impact (how the request builds on the allocation)
TB case detection: Scale up of ICF and xpert sites	Procurement and use of 20 GeneXpert machines	7,600,000	Scale up of intensified case finding (ICF) and TB GeneXpert tests are key interventions to identify the missed cases in Ghana. Currently those interventions are limited to 113 districts. This budget will be used to procure 20 additional GeneXpert machines with three years running cost to be deployed in 20 district hospitals. This will increase the Geographical coverage of grant intervention sites by 10%. As NTP is applying decentralized ambulatory MDR TB treatment, GeneXpert MTB/RIF test will have vital role in diagnosing drug resistant TB.
TB case detection : Procurement of GxAlert	Procurement and use of GxAlert	400,000	The investments made in Xpert to meet its full value, results still need to be transmitted from machine to service provider in a timely manner. Currently xpert results are reported via paper based systems using manual transcription and whatsapp platform. This paper system limits the potential to maximize patient care and program management. Under the End TB Strategy, the use of connected diagnostics has emerged as a high quality, low cost intervention for improving the utilization of the GeneXpert and getting infectious patients onto treatment faster. Implementation of GxAlert will help the program: <ol style="list-style-type: none"> a) Providing higher levels of quality assurance and improving the overall quality of testing and patient-care; b) Coordinating supply chain and stock allocation to reduce cartridge waste through loss or expiration, and to reducing local stock-outs of cartridges; and c) Providing real-time notifications to respective stakeholder(s) for any TB or MDR suspects to assist in the linkage-to-care and adherence to clinical algorithms for treatment

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PMTCT	Training of nurses and midwives in integrated ANC+4	3,000,000	Technical assistance by Liverpool School of Tropical Medicine (LSTM) to increase integrated ANC+4 coverage to 95% by 2020 so that all pregnant women are tested, receive the results, start ART, adhere to treatment and are screened for TB. This is expected to facilitate achievement of PMTCT coverage and impact on mother-to-child transmission of HIV. After childbirth, this intervention will support all HIV positive women to continue on ART while their HIV-exposed infants receive ARV prophylaxis and early infant diagnosis.
PMTCT	Baseline cross-sectional survey of Hepatitis B and HIV co-morbidity in pregnant women	4,800,000	To ensure the quality care of Hepatitis/HIV co-morbidity management a baseline survey will be undertaken to establish prevalence of hepatitis B in PMTCT clients to guide the integration of Hep B HIV management in MNCAH settings in line with current WHO ART recommendations.
ART – Viral load scale-up	Implementation of viral load sample collection, transportation and feedback system	731,076	Viral load is the key outcome measure for the third 90. At present its use is very limited. The amount requested is necessary to support implementation of the viral load scale-up plan, that is being finalized, for three years.
PMTCT - Early Infant HIV surveillance	Establishment of infant HIV sentinel surveillance	138,309	This will be undertaken to determine the actual MTCT rate at 6 weeks and at 18 months. It provides the opportunity to access the uptake of HIV testing and ART in pregnancy at the population level. The HIV positive mothers and their children will be followed up till 18 months to determine final MTCT. HIV positive children will be enrolled in care.
ART - Differentiated Models of Care—adults and children	Training and mentoring in DMOC	1,500,000	Differentiated models of care (DMOC) introduced in 2017 will be continued during the 2018-2020 funding cycle by EQUIP at 20 existing ART sites. The USAID will support 10 facilities in 2017 and 2018 while the Global Fund will support 10 sites in 2018 and all 20 sites in 2019-2020. Given budget constraints, GF support for DMOC is being included in the PAAR.
ART - Models of Hope	Peer adherence counseling and tracing of PLHIV lost to follow up	753,836	Activities to contribute to the 90-90-90 targets will include intensifying peer adherence counselling and provision of

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			psychosocial support to PLHIV at ART centres and in the community; tracing PLHIV who are lost to follow-up; provision of health promotion activities towards PMTCT; monitor quality of service and ART availability at health facilities.
ART - Cohort analysis	Study – analysis of cohort of PLHIV initiated on ART	1,500,000	This study to be conducted in 2019 provides data factors contributing to ART retention, loss to follow-up and survival to complement data from the e-tracker. This cohort analysis will include women initiated on ART during pregnancy for the first time.
GDHS 2019	Study – Ghana Health and Demographic Survey	2,000,000	The GDHS provides updated estimates on various demographic indices including HIV prevalence among adults. This information is essential for making informed policy decisions and for planning, monitoring and evaluating health programmes and strategies at national and regional levels for improving the health of Ghana's population. This request includes funds to determine HIV prevalence among children under 15 years of age
ATM mortality study	Study – analysis of deaths attributable to AIDS, TB and malaria	600,000	First one done collected data up to 2014 and a follow-up study will be done in 2020 to compare the two periods for changes in the mortality caused by AIDS, TB and Malaria and also to assess the contribution these three diseases make to mortality in the Ghanaian population.
HTS – self-testing: Assessment of Acceptability, feasibility and implementation of self-testing in Ghana	Study – Implementation research on HTS	1,200,000	Nationally representative sample of men and adolescents to assess their acceptability of the testing model in an effort to improve uptake of HIV testing in these two groups. Phase two will assess its feasibility in selected regions. Phase three of this implementation research will utilize findings from phases 1 and 2, and will be scaled up to other regions.
Assessment of HIV vulnerabilities among physically	Study – Assessment of vulnerabilities and access to HIV services in a neglected population group	150,000	HIV vulnerabilities and barriers to access to HIV services among the physically challenged are unknown. This study aims to identify these and articulate options to address them as part of addressing human rights issues.

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challenged individuals			
Implementation of Paediatric Accelerated scale up plan	<p>Institutionalizing task shifting and task sharing policy to cover HIV testing and ART for children (0-19years) at all levels (referral, district, health center, and CHPS levels).</p> <p>Procurement of simplified formulations (dispersible forms of ARVs with simplified dosage regimen in weight bands) for paediatric ARVs for ease of dispensing by Health Care Workers</p> <p>Provision of simple guidelines and action points on how to initiate and dispense paediatric ARV and disseminate to all levels of the health delivery system</p>	500,000	This would support the Implementation of Paediatric Accelerated scale up plan from 2018 - 2020
TOTAL AMOUNT		24,873,221	

Relevant Additional Information (optional)

Provide any additional contextual information relevant to the prioritized above allocation request (e.g. any explanations that further clarify linkages to the allocation funding; any considerations or data that informed the request or updates of the request; etc.)

[Applicant response]