

Applicant Response Form – [FOR GRANT-MAKING]

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

SECTION 2: Issues to be addressed during grant-making and/or grant implementation	
Issue 1: Lack of ambition with the proposed TB treatment coverage targets.	Cleared by: Secretariat
<p>TRP Input and Requested Actions</p> <p>Issue: 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>Action: 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 style="color: red;"><i>Please provide an executive summary on the actions taken:</i></p>	

Issue 2: Insufficient supportive systems for DR-TB treatment	Cleared by: TRP
<p>TRP Requested Actions</p> <p>Issue: 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 MDR TB 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 Delaminid) and repurposed drugs has not been proposed. An active drug safety and monitoring (aDSM) plan is not provided.</p> <p>Action: 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. 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.</p>	

Please provide an executive summary on the actions taken:

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:

Issue 4: Doubtful effectiveness and sustainability of proposed activities for human resources capacity building and motivation

Cleared by: Secretariat

TRP Input and Requested Actions

Issue: 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 \

Action: 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.

Please provide an executive summary on the actions taken:

Issue 5: Inadequacy of proposed efforts to reduce human rights barriers to access to services

Cleared by:
TRP and Secretariat

TRP Input and Requested Actions

Issue: 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.

Action: 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:

- the preliminary plan be cleared by the Secretariat during grant-making,
- 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:

- problem identification (human rights barriers, gender-related barriers) and prioritization of key population based on available information;
- SMART (specific, measurable, achievable, realistic and timely) objectives with targets to be achieved;
- methods that capitalize on empowering of and partnerships with the local civil society and affected communities;
- a set of indicators and a monitoring plan; and
- budget

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.

Please provide an executive summary on the actions taken:

Issue 6: Departure from normative guidance on the provision of IPT to people living with HIV

Cleared by: Secretariat

TRP Input and Requested Actions

Issue: 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.

Action: 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.

Please provide an executive summary on the actions taken:

Issue 7: Need to monitor Funding Commitment Contingencies

Cleared by: Secretariat

TRP Input and Requested Actions

Issue: 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.

Action: 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.

Please provide an executive summary on the actions taken:

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:

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:

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