



Investing for Impact

GLOBAL FUND GRANT IN NEPAL

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CCM

Financing the results: Since 2002

- **Country Ownership-** No country presence. Country Mechanism : a Mechanism of Government, Non Governmental (Including Community, Private Sector, Partners)
- **Performance based funding:** No disbursement without good performance
- **Filling the Gaps:** principle of additionality: Global Fund support only the country Gaps: thus country must have costed national strategy for HIV, TB and Malara with resource gap analysis.
- Support Country priority: **Evidence based funding**
- **Value for Money and Counterpart financing**

Country Mechanism: Country Ownership

Nepal CCM formed in 2002 through ministerial decision. Chair by Hon. Minister till 2004, later chair by Secretary/MOHP

- Effective Oversight and coordination.
- Inclusive country dialogue and consultation process for proposal writing, gap analysis, program review etc.
- Technical support and input to MOHP and Implementers.
- Practice of Good governance, zero tolerance to Corruption
- Practice to ensure Gender and Human rights based program implementation
- Contributing the HSS and CSS

Multi-sectoral platform at country level

- Chaired by Secretary Ministry of Health
- Representation of Line ministries, EDPs, Community, Private sector and CSOs

Current Structure of Nepal CCM

SN	Constituency	Number
1	Government (MOHP, MOF, MOPC, MOWCSW, MOLD, MOE)	11
2	Private Sector	1
3	EDP- Bi+multilateral	2
4	Key affected population (FSW, IDU, MSM)	3
4	PLHIV	1
5	NGOs working in HIV, TB, Malaria	3
6	NGOs working in Public Health, Dalit, Women from High epidemic region (Eastern, Far+mid western+ western)	3
7	Workers (trade Union)	1
	Total	25

Oversight Committee, Community Relation Committee, Executive Committee

The Support to Nepal

- The Global Fund support started since 2002 with supporting the HIV and Malaria National response through Government and Non governmental partnership
- The Total Support since 2002- Global Fund Signed 153 Million USD for HIV, TB and Malaria.
- The Support is focused on
 - ▣ Health System Strengthening
 - ▣ Community System Strengthening
 - ▣ To fulfill the Universal coverage of Treatment, Care and support for chronically ill and at risk population
 - ▣ BCC and contribution MDG goal.

Present committed resources

Component	Period	Total Funding Signed USD
MALARIA	2014 July	16 Million
HIV / AIDS	2014 July	28 Million
TB	2015 July	51 Million

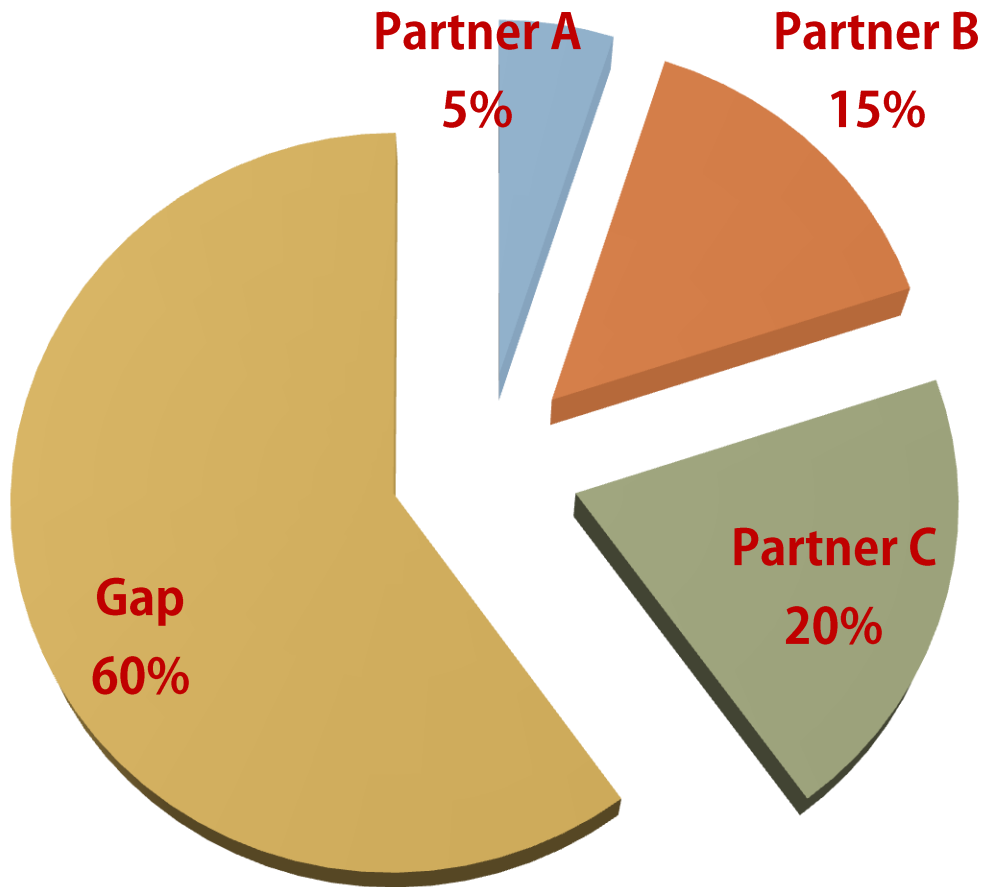
The Global Fund Support

- Drug and commodity, trainings, treatment, medical equipment, Testing services are supported by Global Fund Grant. **In TB**, the counterpart of Global Fund is above 80% and In **Malaria** is 80%.
- The HIV testing is across the country having 44 ART, 60 Prevention to mother to child program, 180 plus testing center. 8500 Plus people are taking Anti retro viral therapy regularly.
- TB Program is across the country. **NEW SMEAR-POSITIVE TB CASES DETECTED AND TREATED- 108,000**
- treatment success (TB Clean), DR and MDR services
- Malaria program is in 31 district with diagnosis, treatment, surveillance, LLINet distribution, BCC
- Community leadership and capacity development of Health Manpower for effective management of HIV, TB and Malaria
- Strengthening the Surveillance and Reporting system.
- Strengthening Financial Management and Procurement system
- Contribution in MDG Target 4, 5 and 6.

Situation ahead.....

- Global Fund only Support the Country Gap in HIV, TB and Malaria.
- Based on the Costed strategy of HIV, TB and Malaria, and Health Sector .The Global Fund requested Nepal to apply for New Funding Modality.
- The New Funding modality required a concept note highlighting the country gap where Global Fund will support. However this support will be based on Country gap, absorption capacity and available funding at Global Fund.
- The Global Fund also require country dialogue with Country partners to discuss and pledge their support to National Strategies.
- Nepal is invited to develop Concpet note for Next period (2015-2017) Under New Funding Modality which require a clear Gap analysis and country counterpart financing

The New Funding Model Approach



In this scenario, The Global Fund ask Country to develop the Concept note based on the Resource Gap- Which is 60% here. The 60% may not fully covered by the Global Fund. It will further based on country performance, Absorption capacity and justification of gap.

Opportunities: Alignment and Harmonization

- Emphasis on aligning the interventions with National Health Sector Strategies
- Harmonize M&E, information system including surveillance and research
- Harmonize capacity building efforts
- Harmonize Logistic Supply chain management
- Harmonize laboratory strengthening efforts
- Alignment with Financial management system

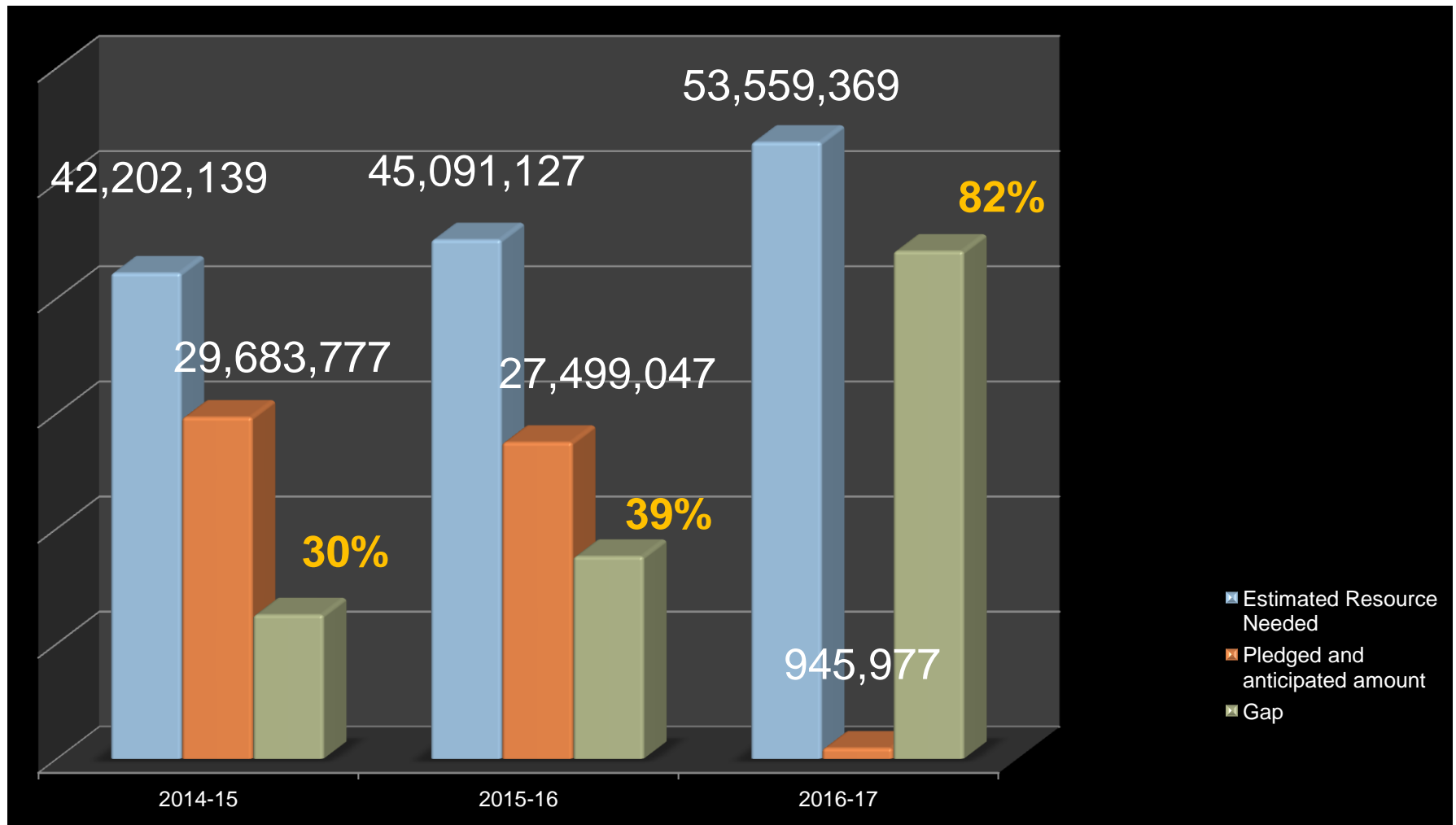
What is the Gap Situation

- Nepal developed National HIV Investment Plan and National Costed Malaria Strategy in 2013.
- The Costed Malaria Strategy and HIV investment Plan analyzed the existing resources to fight these disease in the country, identify major priority areas and funding gaps.
- For TB, MOHP is in the development process of Costed TB strategy
- NHIP and NMS- 2013 shows that there is significant gaps in both interventions.

Pledging for resources

- Funding Gap in HIV is around 60% of the estimated required resources. There is strong need to generate local support from Government and partners.
- The Gap in Malaria is around 37 Million for coming 5 years.
- Nation TB Center is developing Costed TB strategy which will explore the exact funding Gap in TB.
- Nepal CCM strongly request all partners to contribute in HIV, Malaria and TB to fulfill the country gaps.

Funding Status: HIV (2014-2016)



Resource Gap in Malaria

