

CCM Constituency Mobilization

Global Fund in Bangladesh

January 2023

The Global Fund to Fight against AIDS, TB and Malaria (GFATM) in Bangladesh (Popularly known as the Global Fund)

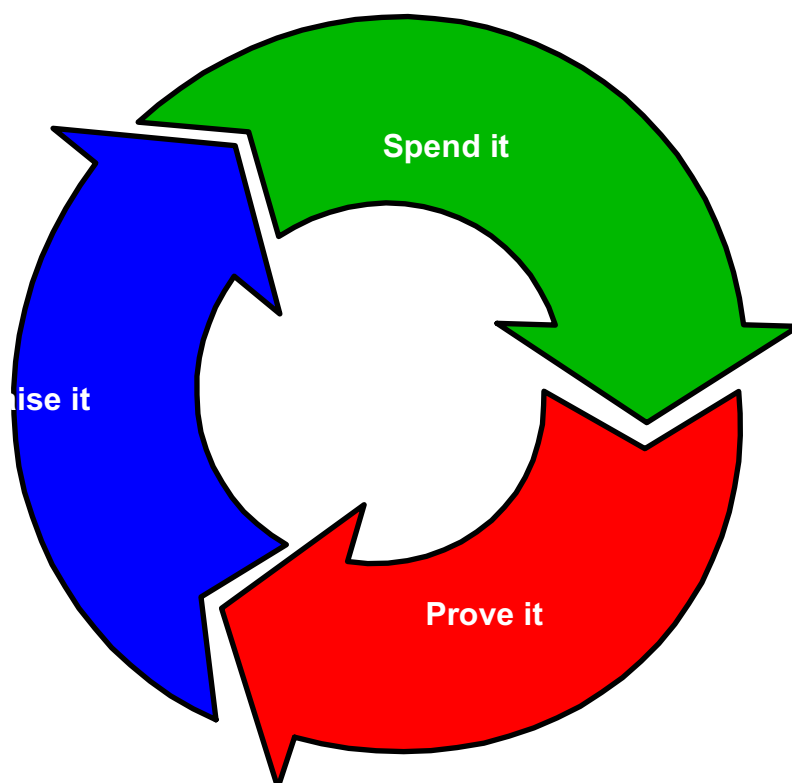
1. What is the Global Fund?

- An innovative multi-stakeholders **financing institution** that provides major funding to national disease programs for HIV and AIDS, tuberculosis and malaria.
- Created in 2002 as a **partnership** among government (US, Canada, Japan, France, Germany etc, private sector (Bill Melinda gates, Cevron, etc, NGOs and international agencies (EU, UN, World Bank etc) .
- Funds pledged to date: US \$ **75 billion**; grants in more than **160 countries**
- Main **principles**:
 - Operate as a **financial investment/donation**, not an implementing entity
 - Support programs that evolve from **national plans and priorities** → country led
 - Operate in a **balanced manner** in terms of country needs
 - different regions, diseases and interventions
 - prevention & treatment
 - Evaluate proposals through **independent review processes**
 - Operate with transparency and accountability
 - Focused on partnerships – government and non-governmental contribution to programs

→ Relies on a **Performance-based Funding Model**

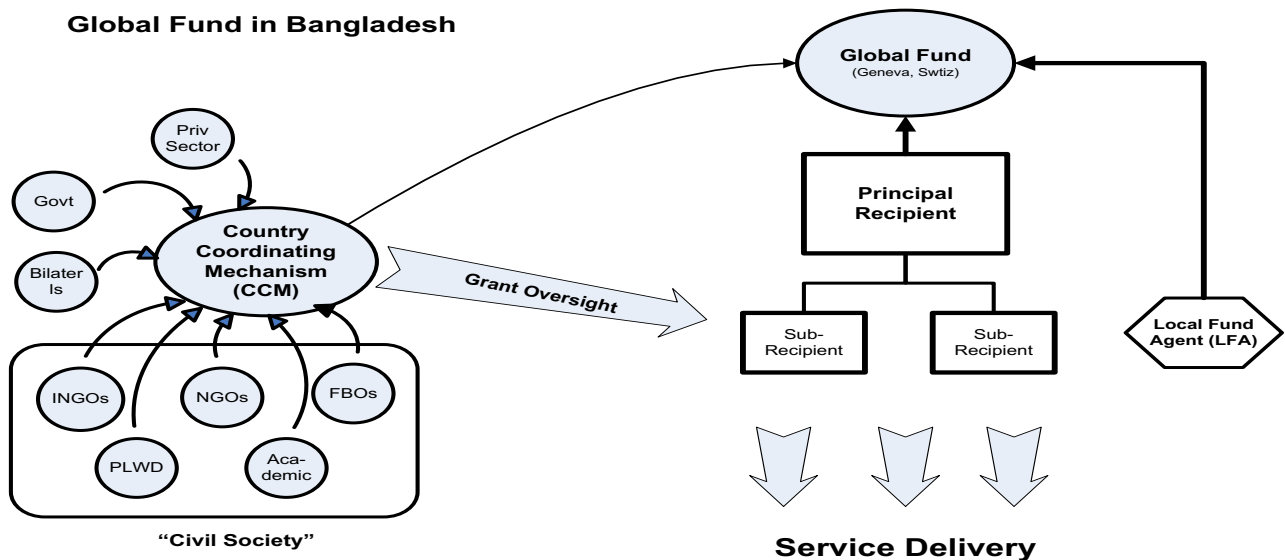
→ Relies on a **Performance-based Funding Model**

- **RAISE IT:** the CCM coordinates the development of proposals through a transparent process involving all key stakeholders
- **SPEND IT:** the Principal Recipient (PR) and Sub-Recipient(s) (SR) implement the program according to the proposal. CCM oversees grant implementation
- **PROVE IT:** reporting to the Global Fund; performance against targets determines next tranche of funding; no performance, no reports = no money.



2. How does the Global Fund work?

- ➔ Multi-stakeholder **CCM submits proposals** to the Global Fund
- ➔ Global Fund **reviews and accepts proposals** through an independent review process
- ➔ CCM selects **organization partners** for grant implementation (Principal Recipients)
- ➔ CCM **oversees** grant implementation process
- ➔ Local Fund Agent (LFA) **audits implementation process** and **verifies information** sent to the Global Fund



3. What are the Bangladesh Global Fund grants?

For the information related to GF Gants in Bangladesh

The GF Allocation at a Glance

The Global Fund Contribution for TB Malaria and HIV from 2003-Dec 2022 (USD in million)

Component	Committed (USD)	Signed (USD)	Disbursed
HIV	160,006,750	164,527,932	153,610,304
TB	507,788,135	536,433,009	482,698,101
Malaria	146,736,210	151,531,579	140,453,014
Total	814,531,095	852,492,520	776,761,419

Eligible disease component Allocation (US\$) for the Funding Request for grant cycle 2024-2026

Components	Global Fund proposed Program Split (million)	Allocation Utilization Period
HIV/AIDS	25,393,719	1 January 2024 to 31 December 2026
TB	120,811,080	1 January 2024 to 31 December 2026

Malaria	20,091,193	1 January 2024 to 31 December 2026
Total	166,295,992	

I. The Global Fund allocation: January 2021 - December 2023

Components	Global Fund proposed Program Split (million)	BCCM proposed Program Split
HIV/AIDS	23,000,765	23,000,765
TB	115,770,502	108,770,502
Malaria	20,100,000	27,100,000
RSSH1	---	---
Total	158,871,267	158,871,267

COVID19 contribution by GF Since July 2020

- ❖ C19RM Phase-I funding: US\$ 7,521,929
- ❖ Grant savings of 2020 used for C19RM Phase-I: US\$ 3,476,078
- ❖ Additional Top-up funding for C19RM for C19RM Phase-I: US\$ 4,397,070
- ❖ Full Funding award for C19RM Phase-II (including C19RM Fast-track USD 10,718,788) to US\$ 43,338,567.
- ❖ Supplementary Funding for C19RM Phase-II: US\$ 4,397,070 (an amount equivalent to approximately 2.8% of its 2020-2022 HIV and TB allocation)
- ❖ Total Fund allowed to use in C19RM from July-2020 to December 2023: US\$ 77,120,063

I. The Global Fund allocation: January 2018- December 2020

Eligible disease component	Allocation US\$ (million)	Allocation Utilization Period
HIV	21,495,447	1 December 2017 to 30 November 2020
TB	97,935,663	1 January 2018 to 31 December 2020
Malaria	26,800,000	1 January 2018 to 31 December 2020
Sub Total	146,231,110	
HSS and Catalytic Fund for TB	13,000,000	
Total	159,231,110	

The Global Fund Allocation: January 2015 -December 2017

Disease components	Existing (US\$)	Additional Funding (US\$)	Total Allocation (US\$) (million)
HIV	22,196,777	12,351,191	34,547,968
Tuberculosis	47,232,534	43,187,416	90,419,950
Malaria	8,560,351	21,823,289	30,383,639
Total	77,989,662	77,361,896	155,351,557

The New Funding Model:

The Global Fund's funding model enables strategic investment for maximum impact. It provides implementers with flexible timing, better alignment with national strategies and predictability on the level of funding available. There is active engagement with implementers and partners throughout the funding application and grant implementation to ensure greater global impact.

Concept Note/proposal/Funding Request Submission and Grant Making Flow Chart

Update National Strategic Plan, BCCM Reconstitution & Eligibility Performance Assessment (EPA)

CCM Led Concept Note (Funding Request) Development (draft)

Share with all Stakeholders for comments and feedback

Finalize Concept Note > Endorsement by BCCM >

Submission to GF >

Technical Review Panel (TRP)

Grant Approval Committee (GAC)

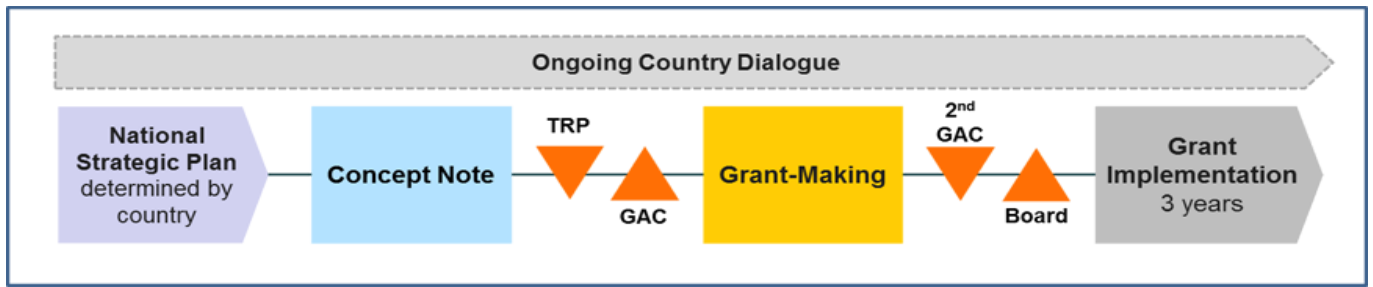
Grant Making

Grant Approval Committee 2 (GAC 2)

GB Board

Grant Implementation (for 3 years)

See [Funding Process and Steps](#) for more information on the different steps involved.



- Global Fund grant amounts are **substantial**
- **End dates** are **fast approaching** – there is a key role for the CCM to play in obtaining more Global Fund money for Bangladesh
- **Important achievements** in the fight against the 3 diseases in Bangladesh

4. What is the Country Coordinating Mechanism (CCM)?

- **The CCM** is a country-level multi-stakeholder partnership composed of all key stakeholders in the country's response to HIV and AIDS, TB and malaria **Chaired by Mr Zahid Maleque, Hon'ble Minister – Ministry of Health and Family Welfare (Elected by the CCM Members)**
- **CCM Has three Vice Chairs**
 - One from Government – Dr. Muhammad Anwar Hossain Howlader, Secretary, HSD MOHFW (Selected)
 - One from Civil Society – Prof. Dr. Md. Abul Faiz, Former DG, DGHS (Elected)
 - One from Multilateral Bilateral Organization- Dr. Jamsed Ahmed, Deputy WR, WHO Bangladesh (Elected)
- The CCM has two committees and three technical working group
 - **Executive Committee of Bangladesh CCM (Chairperson Hon'ble Minister-MOHFW)**
 - Mr. Zahid Maleque, Minister, Ministry of Health & Family Welfare,
 - Mr. Dr. Muhammad Anwar Hossain Howlader, Secretary, HSD, Ministry of Health & Family Welfare
 - Ms Kazi Zebunnessa Begum, Additional Secretary (WH), HSD, Ministry of Health & Family Welfare
 - Mr. Pradip Ranjon Chakrabartey, Additional Secretary-MOHA (Vacant)
 - Dr. Maya Vendenant, Health Chief UNICEF, Bangladesh
 - Prof. Dr. Md. Abul Faiz, Former DG, DGHS
 - Prof. Dr. Mahmudur Rahman, PhD, Director- IEDCR,
 - Manaj Kumar Biswas, BCCM Coordinator, Non- Voting Admin support
 - **Oversight Committee of Bangladesh CCM (Chairperson Additional Secretary (PH & WHO), MOHFW)**
 - Ms. Kazi Zebunnessa Begum, Additional Secretary (WH), HSD, MOHFW as Chair of Oversight Committee
 - Md Saidur Rahman, Additional Secretary-(Dev), HSD, MOHFW
 - Mr. Md Helal Uddin, Division Chief, HSD, MOHFW, Bangladesh Secretariat, Dhaka.
 - Prof. Dr. Meerjady Sabrina Flora, ADG (Planning and Development), DGHS
 - Prof. Dr. Mahmudur Rahman, Former Director IEDCR as Vice Chair of the Committee
 - Prof. Dr. Tahmina Shirin, Director IEDCR, HSD, MOHFW
 - Prof. Dr. Md. Ridwanur Rahman, MRG

- Mr. Khandokar Zakir Hossain, Deputy Secretary (WH-2). HSD, MOHFW
- Prof. Dr. Shahedur Rahman Khan, Director, NIDCH
- Prof. Dr. Asif Mujtaba Mahmud, TB Expert Member from IEDCR, DGHS, MOHFW Dhaka.
- Mr. Milan Kanti Datta, Member Secretary, BHBCUC (FBO)
- Dr. ATM Sanaul Bashar, TB Advisor, USAID Bangladesh, US Embassy, Baridhara, Dhaka 1212.
- Ms Farzana Sultana, Sr. Development Advisor, GAC, High Commission of Canada
- Dr. Saima Khan, Country Manager, UNAIDS Bangladesh. IDB Bhaban, Agargaon, Dhaka.
- Dr. Nazneen Akhter, Director-Policy, Planning and Gender at NGH&CRI, NSU
- Dr. Abu Zahid, Team Leader & Acting Director, SIAPS, Management Sciences for Health, Dhaka.
- Mr. Ahsanul Alam Kishore, OC member from PLHIV, Dhanmondi, Dhaka.
- Ms. Aleya Akter Lily, KAP TB (CSW), CSW's Network of Bangladesh
- Mr. Manaj Kumar Biswas, BCCM Coordinator, Non-voting for Admin Support.

- ➔ **Technical Working Group /Committee –Tuberculosis (Advisor-DG, DGHS and Chairperson –LD NTP)**
- ➔ **Technical Working Group/ Committee –Malaria (Advisor-DG, DGHS and Chairperson –LD MNCP)**
- ➔ **Technical Working Group/ Committee –HIV/AIDS (Advisor- DG, DGHS and Chairperson –LD NASP)**
- ➔ The CCM develops and submits proposals to the Global Fund based on country needs and priorities
- ➔ After grant approval, the **CCM oversees the progress during implementation**. Grant oversight is key to ensuring that bottlenecks are identified and solutions proposed and implemented in a timely manner. Effective grant oversight is essential in the Performance Based Funding model of the Global Fund.
- ➔ The CCM includes **representatives from both the public and private sectors**, including governments, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases.

5. Who makes up the CCM/ Composition? (According to the GF guideline and BCCM Governance manual to comply with FG's eligibility requirements)

Constituency	Seats	Method of appointment	Types of Organizations
Government	14	Selection by government	From MoHFW and 8 other ministries
Development partners	4	Selection by partners	Bilateral partners (e.g., USAID) and multilateral partners (e.g., UNAIDS) (USAID, WHO, UNAIDS, CIDA)
NGO	4	Election by constituency	Health NGOs registered with B'desh NGO Bureau
FBO	1	Election by constituency	Organizations representing the larger or minority religious communities
Academic	2	Election by constituency	Academic and research, with expertise in health and three GF diseases
People living with or affected by disease	3	Election by constituency	1 seat for person living with HIV; 1 seat for person affected by TB and 1 for malaria affected
Key affected populations	3	Election by constituency	Specific population groups affected by diseases (e.g., transgender, injecting drug users, refugees and migrants)
Private sector	2	Election by constituency	Business associations or companies with commitment to fighting diseases
TOTAL	33		

6. Why is the CCM important?

- ➔ To **allocate funding** that the Global Fund will earmark for Bangladesh
- ➔ To ensure that the **Implementing Partners are accountable** to targeted populations
- ➔ To identify any **barriers to effective and efficient grant implementation** and to propose solutions
- ➔ To create **synergies with other disease responses** in Bangladesh
- ➔ To **represent and update relevant constituencies** on Global Fund issues

7. What is the membership renewal process?

- Representatives from the **government** and **development partners** constituencies are selected (nominated) by their constituencies, based on a documented and transparent process.
- Representatives from all other constituencies (**NGO/CBO; INGO; people living with or affected by disease; and private sector**) are to be elected by their constituencies, based on a documented and transparent process. All selected/elected members will be **formally approved** as members of the Bangladesh National CCM (BCCM).
- **New CCM** reconstituted during November 2013-February 2014 and November- December 2016.

Funding Requests/ Concept Note (Proposal Submission)

- Bangladesh CCM has to submit TB & Malaria Funding Request (proposal) on 19 March 2023 and HIV Proposal by 29 May 2023 These concepts are under development after submission it will be reviewed and approved by TRP for technical review and Grant Approval Committee (GAC)..
- Grants making and funding agreement done by December 2023. Program implementation started from 1st January 2024 for all three diseases components.

Bangladesh CCM Secretariat (BCCM Secretariat)

BCCM Secretariat is situated under Health Services Division, Ministry of Health and Family Welfare (MOHFW) at Ansari Bhaban, 14/2 Topkhana Road, Dhaka-1000

Achievement in TB:

Bangladesh has remarkable achievement in TB in last two decade. The TB treatment success rate of the new smear positive cases have increased from 83% in 2003 to 96% in 2021. TB Case Identification rate increased up to 84% to total estimated cases according to prevalence of TB cases with scaling up GeneXpert and other modern diagnostic facilities.

- The TB Mortality rate has decreased from 80 in 1999 to 24 in 2021 per 100,000 population.
- In 2021, there were suppose to diagnosed total estimated 300000 TB cases in Bangladesh.
- Since 2004 a total of more than 03 million TB patients have been detected and brought under treatment, and thereby more than One million lives have been saved during the same period.
- Most challenges are Child TB cases identifications, MDR cases identifications and stigma to treat TB
- Our elimination target is by 2035 according to the elimination strategy End TB by 2035.

Achievement In Malaria:

In Malaria program achievements have also been phenomenal over the last nine years. Through community mobilization and preventive measures by extensive (99.8%) Long-Lasting Insecticidal Nets (LLIN) distribution in the endemic malaria districts, by early diagnosis & treatment close to the community the absolute number of malaria deaths has come down from 154 in 2008 to only 9 in 2021 that is 94% reduction of Malaria deaths in this period.

Likewise, the number of malaria cases decreased from 84690 (2008) to 7294 (2021) during the same period that is 93% case reduction during this period , however, the Malaria incidence again increased in 2022.

Regarding severe malaria, less than 3 % of severe malaria cases were found in 2021 which were 3042 cases in 2008

Bangladesh already started phased Elimination Program for Malaria with a target to eliminate by 2030.

The Program has designed the National Strategic Plan for malaria elimination and prevention of re-introduction with the overarching national goal to achieve zero indigenous malaria cases by 2025 and obtain WHO malaria free certification by 2030.

Achievement In HIV

HIV: Bangladesh has a low-level HIV epidemic with an estimated prevalence below 0.1%. The first case of HIV was detected in 1989.

The Global Fund initiated funding of the Bangladesh HIV program with major focus on the awareness building among the young population. As a result of interventions implemented in collaboration with partner NGOs, the knowledge about HIV causes and prevention has become almost universal among the youth in Bangladesh. Bangladesh HIV situations as mentioned below:

- In Bangladesh the first HIV case was detected in 1989
- HIV prevalence remains less than 0.01% among general population
- HIV prevalence about 1 % among key population (2020 Surveillance)
- Number of cases diagnosed till date 8032 among those 1383 cases died as of 2020
- Among the diagnosed case 4,816 PLHIV enrolled (March, 21) in treatment services through 11 hospital based ART centers
- Estimated Number of HIV cases is 14,000

In the recent years, apart from continuing treatment of the HIV patients, the focus of the HIV program has been more on at-risks population such as People with Injecting Drugs (PWID), Male having Sex with Male (MSM), transgender and Sex workers. Our elimination target is by 2030.