

TERMS OF REFERENCE

Tracking Global Fund's investments in priority comorbidities in Grant Cycle 7 (GC7) to improve the health and wellbeing of people living with and at risk of HIV and/or TB

Title	Consultancy
Background	<p>Globally, there is growing recognition of the need to take a less fragmented and more comprehensive approach to how health services are designed and delivered. This means thinking beyond diseases and placing the person and their health and other needs in the center of systems for health. The Global Fund's bold and ambitious new Strategy Fighting Pandemics and Building a Healthier and More Equitable World has taken a step forward acknowledging its growing commitment to integrated, people-centered quality health services. The Strategy specifically highlights the need for "people-centered services [that] consider individuals' health needs holistically. Care is organized around the health needs and expectations of people and sees individuals as participants as well as beneficiaries of trusted health systems." It specifically notes that "integrated health services [should be] managed and delivered in a way that addresses the range of individuals' health needs by ensuring that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels, providers and sites of care within the health system," calling out the need to deliver "integrated services to prevent, identify and treat advanced HIV disease, comorbidities and coinfections," as well as "to improve the quality of TB services across the TB care cascade including through management of comorbidities." In this regard, the Global Fund's strategy is well aligned with the Global AIDS Strategy (2021-2026) and the 2025 global HIV targets, the WHO's Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (2022-2030) (GHSS), the 2021 WHO's Consolidated Guidelines for HIV/AIDS, the 2015 WHO's The End TB Strategy, and the 2023 WHO Operational Handbook on Tuberculosis.</p> <p>In February 2023, the Global Fund elaborated further and issued a new Guidance Note entitled "Prioritization Framework for Supporting Health and Longevity Among People Living with HIV." This guidance note, along with HIV and RSSH information notes and other guidance focused on specific areas of focus for integrated people-centered services across the life-course has been used by applicants preparing HIV, joint HIV/TB and RSSH funding requests for Grant Cycle 7 (GC7). The note was designed to support applicants identify the most impactful co-infections and co-morbidities priorities that will improve and sustain health and longevity among people living with and at risk of HIV and/or TB, specifically including access to and uptake of HIV services like ART adherence, retention in care and other HIV and TB services.</p>

An increasing number of countries have been integrating HIV and other health services beyond TB, maternal and child health, and sexual and reproductive health, with many more countries beginning to take advantage of the opening opportunities and changing landscape for integrated approaches, leveraging GC7 as an opportunity to mobilize new and leverage existing resources and systems for scaling up more integrated, people-centered health services including those for addressing the interlinkages between HIV and comorbidities with NCDs and mental health and substance use conditions. There is now a need to better understand the situation in these countries, the level of approved funding from the Global Fund, committed targets and deliverables, foreseeable plans and commitments for designing, implementation and scaling up of specific integrated services and other interventions and activities, and the technical support needs. As such, we propose to conduct an exercise to review and track Global Fund investments in a subset of priority HIV-NCD and mental health interlinkages and comorbidities during GC7.

Scope/
Objective

The purpose of this exercise is to have a more granular understanding of the Global Fund's investments in and countries' commitments to designing, implementing and scaling up integrated, people-centered health services mainly for addressing the interlinkages between HIV/TB and their comorbidities - specifically NCDs, cervical cancer (for HIV only) and mental health and substance use conditions. The findings will be used to report on the current landscape of GC7 across countries, identify further policy, programmatic and/or technical support needs, and make a stronger case for scaling-up and making more efficient investments to deliver integrated, people-centered health services for achieving better HIV, TB and broader health outcomes.

This exercise will be conducted for all HIV, TB and RSSH grants (Windows 1-6) approved by the Grants Approved Committee (GAC) during GC7.

The activities and funding to be reviewed will be tracked for three priority groups of comorbidities: cervical cancer (for HIV grants), mental health and substance use conditions, and NCDs. For examples of NCDs, according to the Global Fund guidance, countries are encouraged to align services with epidemiological contexts and the WHO package of essential NCD disease interventions for primary health care, focusing on cardiovascular and chronic respiratory diseases, diabetes, and early diagnosis of cancer.

The tracking exercise will entail an intensive interrogation of countries' grant documents to understand scope and scale of activities and interventions planned and approved for implementation, their approved Global Fund funding level with possible co-financing and sustainability, targets or/and indicators set for measuring performance/results, and the technical support needs identified. It will attempt to synthesize successes, challenges, gaps, and lessons learned with a view to inform the grant implementation, further resource and technical support mobilization, advocacy, and other processes to address the countries' needs.

A template for the extrapolation of information from the grant documents and analysis of the findings will be developed to frame this review exercise. Highlights and main findings will be presented in a report and a detailed PowerPoint format for easy reference and communication.

This exercise is intended to answer the following key questions:

1. How many countries applying for Global Fund grants in GC7 included priority comorbidities in their HIV, TB and/or RSSH grants?
2. What specific activities were included in the grants identified as including priority comorbidities?
3. Which populations in addition to PLHIV, such as key and other vulnerable populations (if any) and which subgroups within those were the focus of the priority comorbidities in the grants?
4. What amount of funds have been allocated (i.e., to what activities, to which implementers) in the corresponding grant agreement? Were any co-financing/cost-sharing sources identified?
5. What targets and/or indicators have been proposed for tracking/monitoring performance/results?
6. What are the implementation, integration, coordination and partnership (e.g. across implementing partners, programs) arrangements in the corresponding grant agreement?
7. What technical support needs were identified and planned for in the grants?
8. What kind of community engagement has been proposed for implementing the respective activities and interventions?

In addition, if time and resources allow, there an interest in exploring if there is an appreciable difference in investments specifically in mental health investments between GC6 and GC7. This information will be used for targeted advocacy efforts for both the next Replenishment and in preparation for GC8.

Tasks	<p>Specific tasks include:</p> <ul style="list-style-type: none">▪ Liaise with respective Global Fund teams with any questions or requests for clarifications regarding the necessary grant documents▪ Collect and organize the grant documents in systematized manner and e-format;▪ Develop review and data extraction methodology and template;▪ Analyze grant documents, including funding request narratives, budgets, workplans, performance framework, and other relevant annexes;▪ Extract, synthesize and analyze data, and draw conclusions;▪ Prepare written report and PPT presentations as per deliverables; and▪ Communicate regularly with UNAIDS and United for Global Mental Health throughout exercise, and the Global Fund as needed.
Deliverables	<ul style="list-style-type: none">▪ Excel table with raw data and respective graphs and figures as appropriate

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- Final report
 - PPT presentations – longer and shorter versions (overview of methodology and summary of findings, conclusions, recommendations/key considerations)
 - Working paper for a joint publication by UNAIDS, UnitedGMH, and the Global Fund.
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Skills Needed

- Master or equivalent degree in public health, sociology, implementation science, health services research, health economics, behavioral science, or related fields.
 - Strong quantitative and qualitative research skills.
 - Strong planning, management, and organizational skills.
 - Excellent oral and written communication and effective inter-professional skills.
 - Recent experience working with and/or contemporary knowledge of Global Fund processes is necessary for this scope of work.
 - Fluency in English with additional languages skills a plus (e.g., French, Spanish, Russian and Portuguese).
 - Self-motivated and comfortable taking initiative.
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Place of Performance

The work will be performed remotely.

Period of Performance

Phase 1 (for Windows 1-3 countries): 1 September 2024 – 1 November 2024
30 working days total for a total of 2 consultants to: i) develop and prospectively adapt data extraction methodology and template, ii) perform the actual data review, extraction, synthesis, analysis, and tabled and other summaries, drafting of conclusions, collection of expert feedback and inputs, and revision of conclusions, and iii) develop and present a report and a PPT presentation

Phase 2 (for Windows 4-6 countries): December 2024 – January 2025
12 working days total for a total of 2 consultants to perform the same activities as listed above i) – iii) for Windows 4-6 countries data

Phase 3: February 2025
5 working days for 1 consultant to: i) develop a final consolidated report ii) develop respective PPT presentations, and iii) prepare a working paper for publication
