**A strategy for resource mobilization to enable UNV programme continuation**

A broad order of magnitude budget of US$ 13.2 million at constant 2014 prices, US$14.0 million including an allowance for inflation at 3% p.a., has been estimated for the continuation of the UNV programme for a further five years (2015-2019). The estimate uses the current global figure of $55,000 per person per year for direct costs attributable to individual volunteers, and provides an additional 20% approximately for UN overheads, capacity development initiatives, continuing professional development and other professional support.

Historically, the Global Fund (GF) has been the main source of funding for UNVs in the health sector (the sole source until the Royal Norwegian Government provided a grant to enable continuation of the programme into 2014). It seems likely that the GF will continue to be the main source. There is a new application to the GF pending, and it had been indicated that UNVs could be supported from the proceeds. At the same time, there were reportedly two existing grants which needed to be reprogrammed. At an earlier stage, it was not clear whether the UNV programme would be eligible for inclusion in any re-programming. It was also unclear what amount of funds would be available from any re-programming of existing grants. Timing was also a moot point, in that experience suggested that the approval process for re-programming could be as protracted as for new applications. In this light, it was considered likely that there would be a need for bridging finance for 2015 from a source yet to be identified.

It has been indicated by UNAIDS that in any further request for GF money, a tighter connection between the UNV programme and the GF diseases of concern (particularly HIV) needs to be demonstrated. All medical specialists, regardless of specialty, would be acceptable on the grounds of their role in training future doctors, and the HIV programme supervisors are automatically in line. The difficulty might lie in justifying the inclusion of dentists and physiotherapists. In the absence of a realistic justification, it would be necessary to make a separate application to another donor.

For this reason, and possibly also the need to secure bridging finance for 2015, it seemed that future funding of the entire programme would depend on a blending of GF and bilateral resources. There were thought to be a number of potential candidates among bilateral donors, who would need to provide just under 20% of the total budget if the dentistry and physiotherapy components were to be separately funded, so say $2.8 million if bridging finance were available from the Global Fund, and a further $2.8 million (excluding the dentistry and physiotherapy component for that year to avoid double counting) if bridging finance for one year was additionally required from a bilateral donor.

This was the state of play prior to the meeting of the Capacity Development Project Board on 1 July. At that meeting, several key decisions were taken, following discussion of a number of options. The first was that the Ministry of Health agreed the numbers of UN volunteers proposed. The second was that it was agreed that the UNV scheme should be included in the new application for funding to be presented in October, with a view to funds becoming available in 2016. The third was that funding should be sought for the entire programme, inclusive of the dental and physiotherapy components. The fourth was that the bridging finance for the operation of the UNV scheme in 2015 could not come from reprogramming of existing GF grants. The implication of these decisions is that two applications now need to be prepared: one, directed to the Global Fund, for the operation of the complete programme over the period 2016-2019; a second, directed at an as yet unidentified bilateral donor, for the operation of the entire programme through 2015.

In pursuit of the second, more urgent, requirement the consultant was asked to draw up a brief paper outlining the case for bridging funding, with a view to its presentation to the then visiting Norwegian Prime Minister. At the moment of writing, it is not known whether this appeal has been or will be successful, but it would be prudent to assume that the case made for bridging finance should be elaborated for presentation to other potential donors.

The outstanding task is to provide appropriate justifications for the proposed expenditures. The justification for bridging finance is essentially derivative from the justification for the whole programme, with the additional element of explanation of the gap between historic funding commitments and the anticipated availability of new resources resulting from a further application to the Global Fund. These justifications will lean on the analysis in the Part 1 report. It will also be necessary to capture the contribution that dentistry and physiotherapy make to the management of the diseases of interest to the GF. The common thread is the absence or insufficiency of qualified Malawians to fill crucial posts in the public provider system at a time when gap filling is still necessary but the programme emphasis is shifting to capacity building for the future.

This note represents the first deliverable due under the revised terms of reference for the second visit of the consultant.