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Funding Approved for Another 10 Interim Applicants

The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria has approved funding in the amount of up to \$363.7 million for 10 interim applicants in the transition phase of the new funding model (NFM). Five applicants were awarded funding for two components, and five for one component. See the table for details.

In approving the funding, the Board was acting on recommendations from the Technical Review Panel (TRP) and the Secretariat, including the Grant Approvals Committee (GAC).

This brings to 15 the number of interim applicants for which funding has been awarded. When the NFM was launched on 28 February, the Global Fund said that 48 interim applicants had been invited to apply. More approvals are expected in the coming months.

The largest awards went to Mozambique (\$138.0 million for two HIV grants) and Nigeria (\$167.0 million for two malaria grants).

Table: Interim Funding Awards for July 2013

Country	Component	Grant Number	Ceiling (\$US million)
Bangladesh	TB	BAN-T-NTP	\$1.9
	TB	BAN-T-BRAC	\$2.1
Belarus	TB	BLR-S10-G04-T	\$1.0
India	HIV	IDA-708-G14-H	\$10.3
	HIV	IDA-708-G15-H	\$8.1

Indonesia	Malaria	IND-M-MOH	\$17.3
	TB	IND-809-G10-T	\$1.2
Jamaica	HIV	JAM-708-G02-H	\$2.4
Mozambique	HIV	MOZ-911-G09-H	\$9.7
	HIV	MOZ-911-G10-H	\$128.3
Nigeria	Malaria	NGA-089-G11-M	\$73.7
	Malaria	NGA-089-G14-M	\$93.3
Russian Federation	HIV	RUS-506-G05-H	\$2.5
Sudan	Malaria	SUD-708-G10-M	\$7.0
Zimbabwe	TB	ZIM-809-G12-T	\$4.9
TOTAL			\$363.7

All of the amounts shown in the table are ceilings; the amounts finally committed could be less.

The breakdown of funding by disease is as follows: malaria \$191.3 million (53%), HIV \$161.3 million (44%) and TB \$11.1 million (3%).

Three of the 10 applicants – Belarus, Indonesia and Mozambique – were also awarded grant renewal funding (see separate [GFO article](#)).

The Global Fund has adopted a new, simplified process for assessing small funding requests for well performing grants. Under the simplified process, funding recommendations are made by the Secretariat and endorsed by the GAC, usually without review by the TRP or the GAC. Generally speaking, requests under \$10 million will go through the simplified process. But that figure is just a guide. Some requests of \$10 million or more will go through the simplified process if they are mostly a continuation of existing services to avoid a disruption. In addition, some requests of under \$10 million will still trigger a GAC review – for example, when a grant has historically had implementation challenges.

The simplified process was used for all of the components shown in the table where the approved funding was under \$10 million. It was also used for India (IDA-708-G14-H, \$10.3 million) and Indonesia (IND-M-MOH, \$17.3 million).

For the components approved under the simplified process, the GAC made only brief comments. These comments are summarized below:

BANGLADESH (two TB grants): The two principal recipients (PRs) – the Ministry of Finance and the Bangladesh Rural Advancement Committee – will use the additional funding of \$4.0 million to deliver a 62% increase in enrolment of multiple-drug-resistant TB (MDR-TB) cases on second-line treatment during the 2013–2014 fiscal year, and a 75% increase in 2014–2015.

BELARUS (TB grant): The PR, the United Nations Development Programme (UNDP), will use the \$1.0 million in approved funding (along with \$8 million from the renewal process) to focus on addressing MDR-TB and extensively-drug-resistant TB, and strengthening the HIV/TB component.

INDIA (two HIV grants): The additional funding of \$10.3 million for IDA-708-G14-H (PR: India Nursing Council) will be used for programmes to ensure: (a) proper qualification of auxiliary and general nurse-midwives; (b) involvement of medical officers in training and supervision; (c) access of nurses to HIV and TB patients; and (d) moving towards the concept of “nurse practitioners” for nurses working in HIV and TB. The additional funding of \$8.1 million for IDA-708-G15-H (PR: Tata Institutes of Social Sciences) will be used to improve: (a) uptake of the integrated counselling and testing centre (ICTC) services by high-risk, vulnerable groups, as well as those who live in difficult geographical terrain; (b) linkages between ICTCs and TB clinics; (c) follow-up of positive people, including pregnant women, for continuum of care;

and (d) HIV counselling and testing.

INDONESIA (malaria grant): The additional funding of \$17.3 million will be used by the PR, the Ministry of Health, to procure and distribute 3.2 million long-lasting insecticide-treated bednets (LLINs), and to distribute an additional 260,000 LLINs being procured by the national government.

JAMAICA (HIV grant): The additional funding of \$2.4 million will be used by the PR, the Ministry of Health, to complement the Transitional Funding Mechanism grant previously approved in 2012 by supporting the treatment component – specifically, procuring antiretrovirals (ARVs), providing living support and promoting an enabling environment.

RUSSIAN FEDERATION (HIV grant): The PR, the Russian Harm Reduction Network, will use the additional \$2.5 million to maintain programmes targeting people who inject drugs in 32 cities, covering 61,015 people annually.

SUDAN (malaria grant): The additional \$7.0 million will be used by the PR, UNDP, to support the procurement of one million LLINs and 33.6 tons of insecticides. The GAC also endorsed the request for an extension of this grant using \$2.7 million in savings from the current implementation period.

ZIMBABWE (TB grant): The PR, UNDP, will use the additional funding of \$4.0 million to maintain the following existing initiatives: (a) a TB prevalence survey; (b) programmatic management of multiple-drug-resistant TB; (c) a drug-resistant-TB survey; and (d) community TB care.

The GAC provided more extensive comments for the applicants awarded larger amounts of funding – Mozambique and Nigeria. GFO will provide details in separate articles.

GFO reported on previous approvals of funding for interim applicants [here](#) and [here](#). Information for this article was taken from Board Decisions GF-B29-EDP3 and GF-B29-EDP4, and from B29-ER-02, the Report of Secretariat Funding Recommendations for July 2013. These documents are not available on the Global Fund website.

This article was edited on 4 September 2013 to correct an error in the amount shown for the Russian Federation in the article's main text. The correct amount is \$2.5 million.

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