



Independent observer
of the Global Fund

MORE INFORMATION ON AUGUST FUNDING APPROVALS

As [reported](#) in GFO #295, in August the Board approved \$180 million in funding for 14 grants from 11 countries. The Board was acting on recommendations of the Technical Review Panel (TRP) and the Grants Approvals Committee (GAC). This article provides a summary of some of the comments made by the GAC in its report to the Board. (See separate [article](#) in this issue for a summary of the GAC comments on regional programs that were awarded funding.)

Bolivia (HIV)

Bolivia received \$8.3 million for an HIV grant which is being managed by HIVOS.

The HIV epidemic in Bolivia affects mainly female transgenders (2012 prevalence: 19.7%) and men who have sex with men (MSM) (2014 prevalence: 21.8%). The goal of the program is to keep new infection rates below 2.5%. The program plans to do this by improving access for MSM, transgenders and sex workers to HIV prevention and diagnostic services; by informing and educating the general population on HIV and sexually transmitted infection transmission routes and prevention methods, “as well as the human rights frameworks that govern the HIV response.”

The targets of this grant are as follows:

- increase the percentage of men reporting the use of a condom the last time they had anal sex with a male partner from 60% in 2014 to 80% in 2018;
- increase the percentage of transgender people that have received an HIV test during the reporting period and know their results from 7.7% in 2014 to 62.5%; and
- increase the percentage of adults and children currently receiving antiretroviral (ARV) therapy among all adults and children living with HIV from 24.2% in 2014 to 54% in 2018.

Central African Republic (TB-HIV)

CAR was awarded \$17.9 million for a TB-HIV grant. The PR is the International Federation of Red Cross and Red Crescent Societies (IFRC).

There has been a period of instability in CAR since 2013 which has resulted in frequent insecurity, particularly in the northern regions of the country, and a destabilized health care system. Following two recent rounds of the presidential elections in December 2015 and February 2016, the formation of a new government in April 2016 is seen as a crucial step towards ending nearly three years of violence. Consequently, in early 2016, the IFRC recently reported improved access to previously hard-to-reach health regions in the north.

The GAC said that despite the security challenges, the implementers have exceeded the targets for the provision of ARVs, reaching 26,256 HIV-positive patients as of December 2015. The programs funded by this grant expect to achieve the following outcomes:

- an increase in the proportion of adults and children currently receiving antiretroviral therapy from 24.5% in 2015 to 30% percent in 2017;
- an increase in the proportion of bacteriologically confirmed TB cases successfully treated from 68% in 2015 to 75% in 2017; and
- an increase in the proportion of HIV-positive patients who were screened for TB in HIV care or treatment settings to 90% in 2017.

The fragile political context and conflict presents operational challenges and poses limitations in terms of data reporting, completeness, quality and timeliness, data analysis and data use. An epidemiological profile of HIV epidemic drivers is not available, and data on key populations such as sex workers and men who have sex with men is limited to a few locations and based on observational studies.

The GAC said that a capacity building initiative is underway at the Ministry of Health.

One of the objectives of the program is for the government to develop a health information system which would integrate what the GAC referred to as “the successful mobile phone data collection system.”

Côte d'Ivoire (HIV)

Côte d'Ivoire received \$30.5 million for two HIV grants. Some of the funds come from the 2014-2016 allocations, while the balance comes from efficiencies in the implementation of the grants, mainly due to lower costs in pharmaceuticals.

Côte d'Ivoire has a mixed HIV epidemic with a 3.7% prevalence among the general population, 11.4% among sex workers (in Abidjan), 9.5% among people who used drugs (in 2014) and 11.5% among MSM (in 2015). Previously, services were being provided to MSM and sex workers; these services will be strengthened, and interventions targeting drug users will be added.

The program has established the following targets:

- increase the number of sex workers reached by a defined package of HIV prevention services from 5,756 in 2013 to 32,346 in 2017;
- increase the proportion of men who have sex with men that have received an HIV test and know their results from 58% in 2015 to 90% in 2017;
- reach 100% of drug users with a defined package of HIV prevention services; and
- increase coverage of ARVs from 34% in 2015 to 47% in 2017.

The GAC said that funds have been set aside to review combination prevention packages for general and key populations in order for the program to maximize the impact of this investment.

Guatemala (HIV)

Guatemala was awarded \$15.4 million for two HIV grants. According to the GAC, the Guatemala HIV program submitted its funding request through a simplified approach because the incremental HIV funding represents less than 30% of the overall disease allocation. The available funding will be used to continue activities through the end of 2017 because there is no updated national strategic plan available upon which to base a new funding request. The simplified request proposes the continuation of activities currently being implemented by grants GUA-311-G05-H and GUA-311-G06-H and will maintain the two existing PRs, HIVOS and the Ministry of Health and Social Assistance.

The GAC said that a comprehensive and complete country dialogue process, which included four regional workshops and interviews with all key actors involved in the HIV response in Guatemala, was conducted in the development of the concept note.

The HIV epidemic in Guatemala is concentrated in transgendered persons (prevalence: 23.8%), men who have sex with men (8.9%), and female sex workers (between 1.1% and 3.7%).

The targets associated with this program include the following:

- increase the proportion of sex workers reached with a defined package of HIV prevention services from 26% in 2015 to 53% in 2017;
- increase the proportion of men who have sex with men reached with a defined package of HIV prevention services from 9% in 2015 to 21% in 2017;
- increase the proportion of transgendered persons reached with a defined package of HIV prevention services from 45% in 2015 to 59% in 2017; and
- increase the proportion of estimated HIV-positive people enrolled on treatment from 30% to 42%.

The defined packages of prevention services include HIV testing.

Mali (HIV)

The Mali CCM originally submitted a joint TB-HIV concept note. An HIV grant covering the treatment component, with UNDP as PR, was approved in December 2015. A TB grant was approved in January 2016. The HIV grant for which \$7.4 million was just approved will focus on prevention and will be implemented by Plan Mali, a civil society PR.

The grant will target key populations, including sex workers, MSM, youth, people who inject drugs, miners, people in prisons, and women and girls who are victims of sexual violence. One of the goals of the program is to protect the rights of people living with HIV and key populations.

The targets for the prevention grant include the following:

- reduce the proportion of sex workers who are living with HIV from 24.2% in 2009 to 20.2% in 2017;
- reduce the proportion of men who have sex with men who are living with HIV from 13.7% in 2015 to 10.1% in 2017; and
- increase the proportion of men reporting the use of a condom the last time they had anal sex with a male partner from 76% in 2015 to 85% in 2017.

The GAC commended Mali for the importance it attached to civil society and key populations. The GAC said that it was informed that \$1.3 million had been budgeted to strengthen the capacity of sub-recipients, both national entities and civil society organizations. The ability of national entities to assume the PR role remains a long-term goal. The GAC said that it was also told that the CCM has been strengthened significantly, partially due to support provided through TA.

Zambia (HIV)

The Board approved \$3.2 million for an HIV grant to Zambia for which the PR is the Churches Health Association of Zambia. This money comes not from the 2014-2016 allocations, but rather from savings in procurement from a closed grant – savings that resulted from use of the Fund’s pooled procurement mechanism. Of the \$3.2 million, \$1.1 will be ploughed back into the purchase of ARVs.

The remaining \$2.1 million will be used to strengthen the PR’s prevention activities with adolescent girls, a population which the GAC said is disproportionately affected by the HIV epidemic. The project will work with adolescent girls aged 14-19 living in extreme poverty in three districts and 15 public schools to increase access to secondary education. It will provide age- and context-specific comprehensive HIV prevention and sexual and reproductive health skills and services for approximately 8,400 adolescent girls and boys. The budget includes school fees and upkeep allowances in the form of cash transfers for 850 girls and comprehensive sexuality education activities with 7,575 adolescent girls and boys.

Outcomes associated with this investment include the following:

- decrease the proportion of adolescent school girls who drop out of school due to marriage from 17% in 2014 to 8% in 2017;
- decrease the proportion of adolescent school girls who drop out of school due to pregnancy from 9% in 2014 to 5% in 2017; and
- increase the proportion of adolescent school girls and boys reached with comprehensive sexuality education to 72.1% percent in 2017.

Information for this article comes from the August 2016 report of the Secretariat’s Grant Approvals Committee to the Board (GF-B35-ER11). This document is not available on the Fund’s website.

[Read More](#)
