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of the Global Fund

Funding Approved for Four More Interim Applicants

The Global Fund Board has approved up to \$40.5 million for four interim applicant countries: Chad, Papua New Guinea (PNG), Kenya and Mozambique. The Board decisions were based on recommendations from the Grant Approvals Committee (GAC). This brings to five the number of interim applicant countries that have received funding. In May, the Board approved funding for Pakistan (see [GFO article](#)).

Chad was awarded \$5.0 million for malaria initiatives that will be added to an approved but not yet signed malaria grant from the Transitional Funding Mechanism (TFM). Papua New Guinea (PNG) was awarded \$9.5 million to top up an existing TB grant. Kenya was awarded \$13.0 million to top up two existing TB grants. Mozambique was awarded \$13.0 million which will be added to two existing malaria grants for which the Board also approved renewal funding.

All of the above amounts are ceilings; the amounts finally committed could be less.

The ceilings approved by the Board are very similar to the amounts announced for these countries when the NFM was launched on 28 February. The Global Fund has said that the final amounts awarded could differ from what was original announced.

This article provides a summary of the comments from the GAC on the new funding for Chad, PNG and Kenya. We have published a [separate article](#) on GFO Live on the GAC's comments on new and renewal funding for Mozambique.

Chad

The NFM funding for Chad will be added to a TFM malaria grant which is expected to be signed by the end of June 2013. The grant will run for two years. The principal recipient (PR) is FOSAP (Fonds de

Soutien aux Activités en matière de Population). The funds from the NFM will be used to scale up the next mass distribution campaign of long-lasting insecticide-treated nets (LLINs) planned for April 2014. The 918,000 LLINs purchased with NFM funds will bring total LLINs purchased under the new grant to 4.8 million. When combined with the government's contribution of 1.4 million LLINs in 2013, and 1.2 million LLINs being distributed under an existing grant, Chad is expected to reach universal coverage of LLINs by 2014.

The GAC said that Chad is an "extreme-risk country with weak capacities." However, it said, the risks have been adequately mitigated through planned implementation arrangements. These arrangements include the following: (a) FOSAP is receiving technical assistance in finance, M&E and public health; (b) a fiscal agent has been in place since December 2012; and (c) UNICEF, which will be a sub-recipient under the new grant, will be in charge of all procurement and logistical operations.

Papua New Guinea

The NFM funding for PNG will be used to extend an existing Round 6 TB grant (PNG-612-G07-T). This grant, the only TB grant awarded to PNG, is scheduled to end on 30 June 2013. It had been scheduled to end in September 2012, but received a nine-month no-cost extension. The extension was granted because of delays in implementation by the original PR (following an OIG audit and investigation) and a subsequent change in PR.

The GAC said that the current PR, World Vision, has improved the grant's performance rating to A1 and A2 in the last two quarters. The NFM funding will extend the TB grant to 31 December 2014. It will allow PNG to continue providing the services funded by the grant and also increase the reach of these services. The NFM money will fund the following interventions (among others):

- expanding DOTS (direct observational therapy, short course) to all 89 districts (up from 67 districts currently);
- improving quality of care and increased treatment adherence (designed to increase the treatment success rate from 69% to 85%);
- expanding the number of labs participating in external quality assessment;
- improving reporting from the health facilities;
- increasing supervision of health facilities; and
- improving multiple-drug-resistant TB (MDR-TB) diagnosis, patient care and surveillance in 13 facilities.

Kenya

The NFM funding will be used to top up two single-stream-of-funding TB grants: KEN-S11-G11-T (\$4.0 million), for which the PR is the African Medical and Research Foundation (AMREF); and KEN-S11-G12-T (\$9.0 million), for which the PR is the Ministry of Finance. Both grants performed well in the latest period (A1 ratings).

The GAC said that Kenya has reversed the upward trend of the burden of TB disease and that there has been a sustained decline in prevalence, incidence and mortality attributable to TB. However, the GAC said, Kenya still has unmet needs that are hindering the full realisation of the TB and TB/HIV control targets, and solid progress towards the millennium development goals (MDGs).

The NFM funding is expected to address this gap, increase coverage of services and improve care given to patients and affected populations. The additional funding will also enable Kenya to address emerging challenges in childhood TB control, an area which was not included in the current grant.

The additional funding is designed to meet several objectives, including the following: (a) to improve

diagnosis of multiple-drug-resistant TB (MDR-TB); (b) to enhance M&E and surveillance; (c) to increase TB case finding in high prevalence areas; and (d) to provide therapeutic and supplementary feed to an additional 13,602 severely malnourished patients.

See also the first article in this issue on funding approved for early applicants.

Information for this article was taken from Board Decisions B28-EDP-25 and B28-EDP-26 and from Board Document GF-B28-ER18, the Report of the Secretariat Funding Recommendations for June 2013. The latter document is not available on the Global Fund website. The text of the Board decisions will be included in an electronic decisions document to be released after the Board meeting in Sri Lanka (18–19 June).

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