



Independent observer
of the Global Fund

ACTIVISTS STUNNED BY GLOBAL FUND DECISION TO END FUNDING FOR REGIONAL HIV PROGRAMMING IN AFRICA

The Global Fund [recently announced](#) a list of priorities for multi-country funding for the 2017-2019 cycle. Of the \$260 million available, some is ear-marked for pre-identified applicants and some will be open to competitive applications, though the eligible regions and objectives of the grants are prescribed by the Global Fund (see [GFO article](#)).

Noticeably absent from the list is any funding for multi-country approaches for HIV in Sub-Saharan Africa – the region hardest hit by the disease. The Global Fund has indicated that the decision was based on technical partners' guidance and information. Activists have called it “frustrating” and “irresponsible.”

(Aidspan invited Seth Faison, the Global Fund's Head of Communications to comment on a draft of this article. He provided a statement which we have included at the end of this article.)

Currently, the Global Fund is investing \$59.3 million in eight multi-country HIV grants in Africa (see table), the majority of which end in 2018 without possibility of renewal.

Aidspan has previously reported on several multi-country HIV grants in Africa (see GFO articles [here](#), [here](#) and [here](#)).

Table: Current Global Fund multi-country HIV grants in Africa

Principal recipient	Grant	Grant agreement amount (US\$)	Grant end date
Kenya AIDS NGOs Consortium (KANCO)	QPB-H-KANCO	\$5,566,264.00	2018
Abidjan-Lagos Corridor Organization (OCAL)	QPF-H-ALCO	\$9,512,171.47	2018

African Network for the Care of Children Affected by AIDS (ANECCA)	QPA-H-ANECCA	\$3,798,118.00
AIDS and Rights Alliance for Southern Africa and Enda Santé (ARASA-ENDA)	QPA-H-UNDP	\$10,522,144.00
Handicap International (HI)	QPF-H-HandINT	\$3,135,762.55
Humanist Institute for Cooperation with Developing Countries, Southern Africa (HIVOS)	QPA-H-HIVOS	\$11,465,336.00
ITPC-West Africa	QPF-H-ITPC	\$3,779,463.99
SADC Phase 2	QPA-H-SADC	\$11,526,269.00

In addition to ending funding for existing programs, the decision means there will be no opportunities for new multi-country HIV programs in the region.

In its [Frequently Asked Questions document](#), the Global Fund addresses why more money has not been allocated to HIV multi-country programs. The Fund states that while HIV has received proportionately less than TB and malaria in multi-country funding, it has received more in matching funds. Matching funds are additional funding that is availed at the country level, tied to increased prioritization of certain program areas in a country's allocation (see [GFO article](#)).

Yet matching funds and multi-country grants are completely different types of investments. "One of the criteria for the development of the regional grants was related to ensuring that activities could not be covered by national grants," says Shaun Mellors, Director of Knowledge and Influence at the International HIV/AIDS Alliance. "It is definitely not possible or appropriate for national grants to cover regional activities or processes. This is becoming an excuse not to fund regional advocacy and policy work," says Mellors. Alliance partners are involved in three of the eight grants listed in the table above.

Inherent in many multi-country HIV programs are longer-term outcome targets, such as setting judicial precedent and influencing policy. Managing the ARASA-ENDA grant, Deena Patel has [previously told Aidspace](#) that "This is a human rights grant. We all know that a lot of the work takes a long time and we can't always predict the outcomes."

The ARASA-ENDA grant is focused on removing legal barriers for key populations to access HIV and other health services through strategic litigation and locally-led advocacy. The KANCO grant aims to reform drug policy at the [East African Community](#) level. The Hivos grant is strengthening networks of sex workers, men who have sex with men and transgender communities in Southern Africa. These objectives clearly require more than three years of investment.

In agreement with Patel, Mellors says "These processes not only take time to show impact but many of them are dealing with very difficult and sensitive topics such as trying to change social norms amending policy related to sexual orientation, harm reduction, and other issues." He underscored the importance of careful planning and timing when dealing with such sensitive topics, particularly so that programs do not backfire.

"In practice, a three-year grant cannot have a long-term impact," says Solange Baptiste, Executive Director of the International Treatment Preparedness Coalition (ITPC). ITPC-West Africa's multi-country Global Fund grant supports a regional community treatment observatory which advocates for the removal of barriers to treatment access, particularly for key populations, women, and young people living with HIV. "A three-year grant can demonstrate results, but the impact comes only after about five years, especially for advocacy initiatives and impact at a regional level," she said.

Many are disheartened and discouraged by the Global Fund's decision, particularly as current grants have only just begun to hit their stride. Hivos' grant – "KP REACH" – has had little over a year of implementation. ITPC-West Africa's was launched just six months ago.

"From the beginning, the idea behind KP REACH was to expand the work after 2018, adding an additional four countries to the current eight," says Sithembile Chiware, Program Director for the KP REACH grant at Hivos' Regional Office for Southern Africa. Chiware said the grant is demonstrating just how important regional network strengthening for key populations is. "It is great that the Global Fund gave us the opportunity to invest in this important work, and sad that we cannot build further after 2018," she said.

Another PR echoed this sentiment: "We've seen great results from our grant, and it would be exciting to see what else we could achieve with another three years."

Aidspan asked these PRs if there are other potential sources of funding that might enable these regional programs to continue. ITPC-West Africa said that there are no foreseeable donors that can support the level and nature of the work that the Global Fund is currently funding. The Alliance said that it does not have funding to continue any of the regional programs, and that if they do not find funding soon they will indeed close. Hivos said it is more likely that funding would be secured by individual organizations in the partnership and not as a consortium, thereby reducing the effective regional coordination of HIV programming for key populations.

With most – if not all – of the Global Fund's multi-country HIV grants in Africa left with little choice but to close down in 2018/2019, activists question the value of such short-term funding in what are undoubtedly long-term objectives. Mellors called this "a wasted investment." He said the fact that neither the Global Fund nor any of its technical partners see the need to continue investing in regional HIV programming in Africa means that they clearly do not understand policy and advocacy processes.

Statement from the Global Fund Secretariat

Invited to comment on a draft of this article, Seth Faison, Head of Communications, provided Aidspan with the following statement:

"The Global Fund's allocation for 2017 through 2019 includes more funds to support HIV programs in Africa than in the previous period, including catalytic funding that has a strong emphasis on serving women and girls in southern and eastern Africa. Catalytic funding priorities were developed in close consultation with technical partners, including WHO and UNAIDS, and were approved by the Global Fund Board.

"Multi-country grants can be important, and yet all funding choices have to be weighed against a corresponding reduction elsewhere. With a firm commitment to funding for maximum impact, the Global Fund Board authorized decisions that prioritize funding where it can help the greatest number of people.

"In addition, the Global Fund prioritizes multi-country grants in regions where country allocations are decreased overall. In Africa, country allocations are being increased.

"Your article implies that funding for HIV programs in Africa is being reduced. That is not true for the overall allocation, nor is it true for catalytic funding. Please consider:

- Matching funds for HIV are over 80% for Africa (\$124.2 million vs \$25.8 million in other regions).
- Matching funds overall are two-thirds for Africa (\$209.6 million vs \$103.4 million elsewhere).
- HIV matching funds + multi-country combined: 66% for Africa (\$131.7 million vs \$68.3 million elsewhere).
- Total matching funds + multi-country combined: 48% for Africa (\$277.6 million vs. \$295.4 million elsewhere).

elsewhere), mainly due to the large amount given to the Regional Artemisinin-resistance Initiative (RAI) in Southeast Asia (\$119 million).”

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