



Independent observer  
of the Global Fund

## Disappointment and concern are hallmarks of country reactions to 2014-2016 allocations

Aidspan approached dozens of countries for comment about the allocation envelopes announced on March 12. Below are the responses received in time for publication of GFO 240 on March 19. Several countries contacted said that consultations were expected in coming weeks; Aidspan intends to collate further responses and will publish another compilation if warranted.

Senegal sub-recipient, Health Ministry's AIDS division: The sums allocated are trivial. We are very concerned ; sick people will face real difficulties.

Cameroon CCM vice-chair: The CCM will meet in the next several days in order to better understand the allocation. But those involved in the fight against TB think that the allocation for TB is insufficient

Western Pacific, grant coordinator for the Secretariat of the Pacific Community: There is not much of an issue in the HIV and TB allocations, but there is for Malaria, since the allocation is quite skewed to favor one country. The regional CCM will be seeking clarification from the Global Fund on how the allocations were determined and what's the best way forward, as a number of countries have expressed going towards national applications, and to sever ties with the regional CCM. Although the Global Fund has recommended going regional for the Pacific in order to maximize available funding and reduce transaction costs.

Burkina Faso, CCM chair: These allocation announcements are a good thing because it will allow countries to better formulate their demands for support with a better understanding. And it gives greater weight and assurance for proposing activities for financing. Naturally, for a developing country with a high disease burden and weak revenues like ours, grants like this will always be insufficient. But it will permit

us to prioritize and to find complementary sources of financing.

Burkina Faso, permanent secretary for National Council for the Fight against AIDS and STI/CCM member: For the HIV disease component, there was no supplementary financing, which is disappointing, especially since we have taken into consideration the new recommendations from the WHO and thus were hoping for more resources. Our strategic plan concludes in 2015, so it means we basically have a year to relaunch activities against HIV. We were quite surprised about the total allocation and how it was split.

Burkina Faso, country director of UNAIDS: In absolute terms, the allocation for Burkina Faso is significant. I am pleased that the Global Fund is putting financial resources at the disposal of the country to fight the three diseases and strengthen its health system in the next three years. But I am concerned that the current allocation does not reserve additional resources for the HIV component, which weighs heavily on the country's ability to preserve results already achieved and achieve further gains in the next three years.

Côte d'Ivoire, head of CCM's malaria sector: It's a lot of money but it's not enough if you consider the recurrence of the illness. We would have wanted more to ensure better prevention and better management.

Côte d'Ivoire, civil society representative in CCM: Tuberculosis was neglected in this situation, especially in terms of what will be available to communities. We have to raise awareness among populations, and TB always seems to have a more meagre budget than AIDS and malaria, which is disappointing.

Côte d'Ivoire, CCM vice-chair: These amounts are limited with respect to the national needs, because there is enormous work to do, particularly with respect to HIV. There is so much work to be done in terms of behavior change, on how people relate to people who are HIV positive.

Ghana, CCM executive secretary: The CCM is very disappointed with the resources allocation letter. Malaria was doing well and the CCM anticipated an increase in resources but it did not turn out to be so. There is nothing new with the grant.

A lot of scale-up in the program implementation [will be lost] because Ghana has been dubbed to have over-allocation of funds. It's really a hard hit on malaria because malaria is doing very well and we thought we would be given much resources in that aspect to implement the strategic plans, but we have been asked to still forward proposals in anticipation for incentives which could come and be a supplement.

With HIV it is a bit better with additional funding of 88 million dollars for the next three years. The new funding is predictable. With the old funding scheme you can do a proposal and lose. Still it fell short of the expectation. This makes it difficult to implement the strategic plans that have been designed, and how to meet the strategic plans with the resources allocated by Global Fund is an issue.

Ukraine, principal recipient HIV/Aids Alliance: Ukrainian situation is a quite evident example how the country AIDS response can suffer from the NFM math. Common sense says to me that the existing grant pipeline should be as much as realistic / up-to-date. As we see it is not the case, assuming this funding level for 2014, the funding for the next year will dramatically decrease. Legally GF might have stronger arguments, but programmatically – not! And with the GF we are not battling a legal case in a court, we are jointly fighting the epidemic, and disarming us makes fighting the epidemic in Ukraine weaker.

South Sudan, CCM executive secretary: The amounts of money allocated to South Sudan are very small. These funds should be for one year, not three. Civil society is trying to get organized to campaign for more funding.

South Sudan, Health Ministry malaria program: The amount is much below the previous allocations. It is not enough and it needs to be discussed, because needs are very high. The government is right now

working on a strategic plan and the draft will be ready mid-April.

Moldova, CCM member: It was something expected, we got a bit more than we had in the past average and the disease split was basically accepted by the CCM. I guess we will request to have the grant in EUR in order to have a smooth transition from existing grants to new one and the deadlines for submissions have been generally agreed (pending final approval).

Mali, CCM chair: The amount allocated to Mali is sufficient for the fight against the three diseases

Georgia, sub-recipient Georgia Harm Reduction Network: The reaction was muted; everybody knew the Global Fund was planning to reduce funding and even maybe to close the program because at some point we were ineligible. We will use this transition period to convince government that they have to take responsibility not only for ART treatment but other prevention activities.

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