



Independent observer
of the Global Fund

MALAWI GRANTS RECEIVE MORE THAN TWO-THIRDS OF THE \$620 MILLION IN FUNDING APPROVED BY THE BOARD IN OCTOBER

In October 2015, the Global Fund Board approved \$620 million in funding for 22 grants emanating from concept notes submitted by 11 countries and five regional organizations. The Board was acting on recommendations from the Grant Approvals Committee and the Technical Review Panel.

Included in the \$620 million was \$55 million in incentive funding. In addition, the Fund placed interventions worth \$77 million in the registry of unfunded quality demand.

Of the \$620 million total, \$574 million was for country grants (see Table 1) and \$46 million was for regional grants (see Table 2).

Table 1: Funding for country grants approved by the Global Fund, October 2015 (\$ million)

| Country (component) | Grant name | Principal recipient | Approved Funding | | | Of v ince func |
|------------------------|------------|--------------------------------|------------------|-------|--------|----------------------|
| | | | Existing | New | Total | |
| Azerbaijan (TB) | AZE-T-MOH | Ministry of Health | 4.6 m | 6.4 m | 11.0 m | NIL |
| Bangladesh (HIV) | BGD-H-NASP | National AIDS STD Programme | NIL | 0.7 m | 0.7 m | 10.2 |
| | BGD-H-SC | Save the Children | 1.9 m | 5.9 m | 7.8 m | |

| | | | | | | |
|----------------------|--------------------------------------|---|---------|---------|---------|------|
| BGD-H-ICDDRB | Int. Centre for Diarrhoeal Dis. Res. | 2.1 m | 3.7 m | 5.8 m | | |
| Cape Verde (TB/HIV) | CPV-C-CCSSIDA | Coord. Comm. Of Fight Against AIDS | 0.2 m | 2.4 m | 2.6 m | NIL |
| Comoros (Malaria) | COM-M-PNLP | Prog, Nat. de Lutte Contre le Paludisme | 1.8 m | 5.2 m | 7.0 m | 0.4 |
| Dominican Rep. (HIV) | DOM-H-CONAVIH | Consejo Nacional para el VIH el SIDA | 6.7 m | 3.9 m | 10.6 m | NE |
| | DOM-H-IDCP | Instituto Derm. Y Cirugía de Piel | NIL | 9.7 m | 9.7 m | |
| Haiti (HIV) | HTI-C-PSI | Population Services International | 1.9 m | 43.1 m | 45.0 m | NIL |
| Lao PDR (HIV) | LAO-H-GFMOH | Ministry of Health | 2.1 m | 6.3 m | 8.4 m | 1.3 |
| Lao PDR (HSS) | LAO-S-GFMOH | Ministry of Health | NIL | 3.7 m | 3.7 m | NE |
| Malawi (Malaria) | MWI-M-MOH | Ministry of Health | 27.2 m | 15.8 m | 43.0 m | 5.2 |
| | MWI-M-WVM | World Vision Malawi | NIL | 5.5 m | 5.5 m | |
| Malawi (TB/HIV) | MWI-C-MOH | Ministry of Health | 106.7 m | 282.1 m | 388.8 m | 37.2 |
| Panama (TB/HIV) | PAN-C-UNDP | UNDP | 1.3 m | 5.9 m | 7.2 m | NIL |
| Sri Lanka (Malaria) | LKA-M-MOH | Ministry of Health | 3.7 m | 3.7 m | 7.4 m | NIL |
| Zanzibar(TB/HIV) | QNB-C-MOH | Ministry of Health | 1.1 m | 9.1 m | 10.2 m | 0.7 |
| TOTALS | | | 161.3 m | 413.1 m | 574.4 m | 55.0 |

The grants to Cape Verde and Comoros were in euros which we converted to dollars at the rate of 1.1082.

Discrepancies in totals due to rounding.

NE = Not eligible.

Most of the country grants were relatively small, except for Malawi which received \$389 million for TB/HIV and a further \$49 million for malaria.

The GAC said that the major risk to the TB/HIV program in Malawi is the lack of capacity of the health workforce, in terms of numbers, qualifications, and geographic distribution; and that these problems need to be addressed if antiretroviral therapy and active TB case finding are to be scaled up. However, the GAC revealed, the government has frozen recruitment of civil servants, including the 1,222 health workers it had planned to hire in 2015-2016. The GAC said that the Global Fund was part of a broader effort to unfreeze these positions; and that it was informed that this grant “will contribute to funding the health workforce with other partners through potential savings found during grant implementation,” including from reductions in the cost of commodities projected by the Fund’s pooled procurement mechanism.

Regarding Malawi’s malaria grant, the GAC said that the major risk to the program is the discrepancy between malaria cases and consumption of artemisinin combination therapy. The GAC noted that the Ministry of Health had developed an action plan to address this issue, with support from partners and the Secretariat.

The following are brief extracts from what the GAC said about some of the other country grants it was recommending for approval:

Bangladesh (HIV). The grant will include capacity building for implementing partners and “high-level advocacy for creating an enabling environment.”

Cape Verde (TB/HIV). People who use drugs are identified as a priority group for ART. In addition, the grant will include measures to advocate for the establishment of “an appropriate ethical framework and legal environment” to permit safe access to treatment and care.

Dominican Republic. The grant is heavily focused on reducing new infections in key populations and increasing life expectancy for people living with HIV. Education programs that emphasize human rights, gender equality and respect for different sexual orientations and gender identities are planned.

Haiti (TB/HIV). Health care workers will be trained on prevention measures for sex workers and men who have sex with men.

Lao PDR (HIV). The grant will focus on scaling up interventions for sex workers and men who have sex with men.

Lao PDR (HSS). The grant will assist in furthering the goal of the Health Sector Reform Framework 2015 to 2025 to achieve universal health coverage by the latter date.

Panama (TB/HIV). The grant will provide prevention services and HIV diagnosis among key populations; strengthen human resources from civil society and the public health system; and also focus on removing legal barriers and promoting human rights.

Zanzibar (TB/HIV). Targets for 2017 include increasing the percentage of HIV-positive pregnant women who receive ART from 70% in 2014 to 90%; and increasing HIV prevention program coverage from 19% to 82% for men who have sex with men, from 54% to 82% for people who inject drugs, and from 17% to 83% for sex workers.

Table 2: Funding for regional grants approved by the Global Fund, October 2015 (\$ million)

| Applicant | Com-ponent | Grant name | Approved funding | | Total |
|-----------|------------|------------|------------------|-----|-------|
| | | | Existing | New | |

| | | | | | |
|---|-----|--------------|-------|--------|--------|
| Abidjan-Lagos Corridor Organization (OCAL) | HIV | QPF-H-ALCO | 8.7 m | 0.7 m | 9.4 m |
| African Network for the Care of Children Affected by HIV/AIDS (ANECCA) | HIV | QPA-H-ANECCA | NIL | 3.7 m | 3.7 m |
| ECSA-HC Uganda | | | | | |
| Supranational National Reference Laboratory | TB | QPA-T-ECSA | NIL | 6.1 m | 6.1 m |
| East Europe & Central Asia Union of People Living with HIV | HIV | QMZ-H-ECUO | NIL | 4.5 m | 4.5 m |
| Humanist Institute for Cooperation with Developing Countries, Southern Africa (HIVOS) | HIV | QPA-H-HIVOS | NIL | 11.4 m | 11.4 m |
| Removal of Legal Barriers (RLB) | HIV | QPA-H-UNDP | NIL | 10.5 m | 10.5 m |
| TOTALS | | | 8.7 m | 36.9 m | 45.6 m |

The QPF-H-ALCO and QMZ-H-ECUO grants were in euros which we converted to dollars at the rate of 1.1082.

Discrepancies in totals due to rounding.

The removing legal barriers regional grant was described in GFO [here](#). Summaries of four of the other five regional grants – all except ECSA-HC Uganda – are provided in GFO [here](#).

Information for this article comes from two reports of the Secretariat's Grant Approvals Committee to the Board (GF-B33-ER14 and GF-B33-ER15). These documents are not available on the Fund's website.

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