



Independent observer
of the Global Fund

GLOBAL FUND BOARD APPROVES NSA GRANTS

The Global Fund Board has approved five grants in the “first learning wave” of National Strategy Applications (NSAs). The approved proposals requested \$434 million over the first two years and \$756 million over their lifetimes (up to five years). However, the amounts actually approved for the first two years will be about ten percent less than the requested amounts (for a total of \$391 million), and for the subsequent three years will be about 25 percent less. The decision was made at the Fund’s twentieth board meeting, held on November 9-11 in Addis Ababa, Ethiopia.

NSAs involve CCMs submitting a national disease strategy itself – rather than a Global Fund-specific proposal form – as the primary basis of the application for Global Fund financing. (For background information on NSAs, see GFO issue 102 at www.aidspan.org/gfo.)

The Board’s decisions as to which proposals to approve was, as always, entirely based on the advice it received from the Technical Review Panel (TRP).

The five successful applications were from four countries: China (malaria), Madagascar (malaria), Nepal (TB) and Rwanda (both HIV and TB). Applications from two other CCMs – Kenya and Malawi – were not approved. Kenya and Malawi will be eligible to file appeals, but only based on the NSA applications as originally submitted.

Two CCMs – Kenya and Madagascar – submitted requests for cross-cutting health systems strengthening (HSS) in separate sections of their proposals, but these requests were not approved.

The average two-year requested amount for the approved proposals was \$87 million.

Of the \$434 million requested amount for the first two years of approved proposals, 49 percent will be

spent on HIV, 39 percent on malaria and 12 percent on TB.

The following table shows the results by country.

Table 8: National Strategy Application Decisions

Note that for each grant, the final amount that will be approved will be on average at least 10% lower than the amount requested for years 1-2, and potentially up to 25% lower for years 3-5.

| Country | Disease component | Decision | Category | Amount requested (Years 1-2) | Amount requested (Years 1-5) |
|-------------------------|-------------------|--------------------|----------|------------------------------|------------------------------|
| China ¹ | Malaria | Immediate approval | 2 | \$88,719,854 | \$176,459,090 |
| Kenya | HIV (incl. HSS) | Not approved | 3 | \$94,306,695 | \$329,342,925 |
| Madagascar ² | Malaria | Immediate approval | 2 | \$81,015,431 | \$126,799,502 |
| Malawi | HIV | Not approved | 3 | \$230,661,339 | \$375,123,503 |
| Nepal | TB | Immediate approval | 2 | \$16,711,941 | \$56,329,993 |
| Rwanda | TB | Immediate approval | 2 | \$33,353,241 | \$42,627,519 |
| Rwanda | HIV | Immediate approval | 2 | \$213,800,858 | \$354,272,713 |

¹China asked for \$98,898,744 for Years 1-2 and \$186,637,980 for Years 1-5, but some of the funding had already been committed by the Board in a previous grant. The costs shown in the table constitute the incremental amounts requested.

²These amounts do not include the HSS section of the proposal; that section was not approved by the TRP. Madagascar had been seeking HSS funding of \$24,281,174 for Years 1-2 and \$46,098,817 for Years 1-5.

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