



Independent observer  
of the Global Fund

## REGIONAL PITCH TO FIGHT TB IN SYRIAN REFUGEES REJECTED BY GLOBAL FUND

An expression of interest for a \$10.18 million regional initiative to develop a harmonized response to a TB crisis among Syrian refugees scattered across neighboring countries was rejected by the Global Fund.

The pitch was determined ineligible because it was submitted by a cluster of UN and international agencies led by the International Organization for Migration (IOM): a violation of the eligibility requirements for regional proposals that limit regional organizations to those that are legally registered entities that are not UN, multilateral or bilateral agencies.

Such eligibility requirements would seem to illustrate the rigidity in the Fund's policies, even when it comes to fragile states, Aidspace was told by one member of the submitting team, and its continued failure to grasp the need for flexibility when confronted with a crisis scenario that does not fit neatly into standard protocols.

The pitch was among more than 40 submitted in May to capture a portion of the \$200 million set aside for regional initiatives by the Fund's Board. Only 16 of the 43 regional proposals received were invited to submit concept notes, following their review by the Technical Review Panel.

In submitting the proposal, IOM and partners the UN High Commissioner for Refugees, the World Health Organization, the UN Development Program and the national TB programs in Syria and six of its neighbors, aimed to develop a coordinated response to the widening TB burden among Syrians displaced by four years of conflict.

More than 2.4 million people have been displaced, the vast majority of whom are either residing in

organized camps or informally in host communities in Jordan, Lebanon, Turkey and Iraq. Only Iraq remains eligible for Global Fund support under the new funding model (NFM), worth some \$10.7 million in transition funding.

The regional TB initiative would have primarily directed funds to support national TB programs in Syria's neighbors, either in service delivery to the refugee populations or technical assistance to the workers within the health system. Part of the problem is that the TB burden in Syria is higher than in its neighbors; Jordan, for example, was on track for TB elimination but its prevalence rate has trended higher due to the influx of Syrian refugees.

Another problem is that countries now hosting the influx of Syrian refugees have made clear that their communicable disease strategies — and attendant budgets — did not contain provisions to respond to the health needs of refugee populations. Iraq, itself undergoing yet another security crisis and a widening of its own TB burden, has made abundantly clear in conversations at the highest levels that there is just not enough money to diagnose, and treat, the refugee TB caseload.

Mitigating the possibility of a spread of MDR-TB crossing borders with the displaced populations is another goal of the \$15 million project, for which UNDP — current principal recipient for Global Fund TB programs in Syria, Iraq and Gaza — would have been the PR.

Most of the funding would have come from the Global Fund's pool of resources for regional projects; UNDP had committed to investing \$1.5 million in co-financing. The remaining \$3.5 million would have been raised from other sources under the UN's Regional Refugee Response Plan, according to a copy of the EoI shared with Aidspan.

In the rejected proposal, the participating agencies acknowledged the concern expressed by the Global Fund about the refugee crisis in the region and its efforts to find ways to respond.

"We are submitting this EOI through the regional proposal channel as one possible channel available to access Global Fund resources," the letter from the agencies said. "We are nevertheless fully aware of the particular nature of this proposal that is addressing an emergency situation and may also possibly be suited for support from the Global Fund Humanitarian Emergency Fund. We are, therefore, available to discuss with the Global Fund the best funding alternatives to deal with the regional TB risks caused by the Syrian refugees' crisis."

In a statement to Aidspan, the Global Fund's director of communications, Seth Faison, said: "The Global Fund is designed to support country programs. We cannot take applications for funding from multi-lateral organizations. For regional initiatives, we have limited resources and we have to prioritize eligible applicants. The situation in Syria is serious, and it makes sense to explore potential funding through our Emergency Fund, which was created to address the three diseases in emergency situations where standard channels may be hindered."

While there is some degree of optimism that this alternative funding possibility could respond to the immediate needs of the TB program for Syrian refugees in the region, the concern is that it is a short-term, rather than durable, solution and support mechanism, Aidspan understands.

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