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of the Global Fund

THE GLOBAL FUND BOARD APPROVED GRANTS COVERING 100% OF THE FUNDING ALLOCATED FOR 2014-2016

The Global Fund Board approved grants for 100% of the allocated funding by the end of the 2014-2016 allocation period. This information was provided to Aidspan by the Secretariat, along with some end-of-the-funding-cycle information on incentive funding, above allocation requests, grant efficiencies, domestic funding and the review of concept notes. This article provides a summary of this information as well as the results of surveys conducted among members of the Technical Review Panel (TRP) and participants in country dialogues.

The TRP examined \$5.2 billion in above allocation requests, and recommended \$4.1 billion as quality demand. Of the \$4.1 billion, \$935 million was awarded to applicants as incentive funding. The remainder was placed in the register of unfunded quality demand.

Figure 1 shows the breakdown by disease of the \$935 million in incentive funding.

During grant-making, efficiencies (i.e. cost savings) in the amount of \$967 million were identified and were reinvested under the guidance of the Grant Approvals Committee (GAC), which took into account recommendations made by the TRP when the concept notes were reviewed.

Typically, cost savings were found in management and human resources, transportation, training and operations. Savings also resulted from prices for treatment and prevention products having gone down in the period between the preparation of the funding request and grant-making.

Figure 1: Incentive funding breakdown, by component

Incentive Funding Breakdown

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Source: The Global Fund

In reinvesting the savings achieved through efficiencies, the Global Fund favoured the following approaches:

- scaling up core prevention and treatment programs such as bed nets, and testing and treatment;
- strengthening investments in surveys, health management information systems, M&E, technical assistance and human resources;
- procuring health care products and improving access to products and services, including quality diagnosis and laboratory equipment;
- rolling out integrated biological and behavioural surveillance (IBBS) surveys; and
- correcting initially underestimated budget costs.

The reinvestments were primarily made in the same disease program as the grants where the savings were identified. Frequently, the reinvestments allowed applicants to significantly reduce their unfunded quality demand.

With respect to domestic funding, governments committed \$6 billion more in 2015-2017 compared to 2012-2014. Figure 2 provides a breakdown by income category.

Figure 2: Domestic funding commitments – 2015-2017 vs 2012-2014

Incomes

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Source: The Global Fund

For the 2014-2016 allocations, the TRP reviewed 215 “standard” country funding requests (i.e. requests that used the standardized concept note format). About 22% of the country funding requests required iterations.

In the 2014-2016 funding cycle, 43% of grants were signed on time. (The target for 2017-2019 is 70%.) The duration from submission of the request to communication of results was less than three months. This was an improvement over the transitional funding mechanism round (average duration, five months); Round 10 (four months); and Round 9 (about three-and-a-half months). The target for 2017-2019 is two months.

In a survey which the Secretariat conducted among TRP members, 97% agreed or strongly agreed with the statement that the reviews by the TRP had the effect of encouraging applicants to align programs more closely to Global Fund strategic objectives. And 75% of TRP members agreed or strongly agreed that the TRP process ensured that once the TRP reviews were completed, the most impactful and highest value interventions were found in the allocation request (not the above allocation request).

However, only 31% of TRP members agreed or strongly agreed with the statement that the above allocation requests stimulated ambitious and innovative approaches in concept notes, while 65% disagreed or strongly disagreed.

Over the course of the nine application and review windows in the 2014-2016 funding cycle, at least three-quarters of TRP members consistently rated the quality of the funding requests as good or very good (the number ranged from 74% to 88%, depending on the window).

For the funding requests related to the 2014-2016 allocations, the Secretariat conducted an ongoing survey of people who took part in the country dialogues. The survey showed that 85% of respondents rated the overall experience in applying for funding as good or very good; and 73% agreed or strongly agreed with the statement that the application process under the new funding model was better than the process used for the rounds-based system.

Of the respondents from key populations, 79% agreed or strongly agreed that civil society and key populations or people living with the disease were represented in the group that developed the concept note. A smaller number, 66%, agreed or strongly agreed that the recommendations and inputs from all stakeholders – including civil society and key populations – were discussed and considered seriously by the CCM or other persons leading the process. Twenty-four percent of respondents from key populations disagreed or strongly disagreed with this statement.

On the role of the Secretariat's country team in the country dialogue, 77% of participants who responded agreed or strongly agreed that the involvement of the country team made the NFM process better than the process used for the rounds-based system. And 83% agreed or strongly agreed that the country dialogue process was inclusive.

Asked whether human rights barriers were adequately discussed and addressed, 72% of respondents agreed or strongly agreed. In their survey, TRP members were not quite as enthusiastic; 60% agreed or disagreed that human rights barriers were adequately discussed and addressed, while 31% disagreed or strongly disagreed.

There was a similar discrepancy concerning gender-related barriers. In the participant survey, 74% agreed with the statement that these barriers were adequately discussed and addressed. Only 51% of the TRP members agreed, while 42% disagreed or strongly disagreed.

With respect to the involvement of key populations, 82% of survey respondents agreed or strongly agreed that measures to improve the inclusion of key populations were adequately discussed and included in the programs that made up the funding request.

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