



Independent observer
of the Global Fund

THE GLOBAL FUND AWARDS \$414 MILLION FOR 19 GRANTS

In January 2016, the Global Fund Board approved \$414 million in funding for 18 grants emanating from concept notes submitted by 10 countries. Of the \$414 million, \$280 million represented new money; the balance was existing funding that had been approved prior to the new funding model but was nevertheless included in the NFM allocations to countries. The Board was acting on recommendations from the Grant Approvals Committee and the Technical Review Panel.

Included in the \$414 million was \$44 million in incentive funding. In addition, the Fund placed interventions worth \$35 million in the registry of unfunded quality demand. See the table for details.

The Board also approved \$3 million for a regional grant to reduce human rights barriers and enhance the impact of current HIV national responses towards transgender people in the Latin American and Caribbean region.

The largest awards went to Burundi (\$66.6 million for TB/HIV and \$38.3 million for malaria) and Cameroon (\$97.3 million for TB/HIV).

Table: Funding for country grants approved by the Global Fund, January 2016 (\$ million)

Country (component)	Grant name	Principal recipient	Approved funding			Of which, incentive funding	Added to UQD register
			Existing	New	Total		
Bolivia (Malaria)	BOL-M-UNDP	UNDP	0.0 m	10.3 m	10.3	NIL	0.8 m
Burundi (TB/HIV)	BDI-T-PNILT	PNILT	1.3 m	10.1 m	11.4 m	0.9 m	NIL
	BDI-C-CRB	Burundi Red Cross	NIL	13.8 m	13.8 m		
	BDI-H-PNLS	PNLS	38.2 m	3.2 m	41.4 m		
Burundi (malaria)	BDI-M-PNILP	PNILP	8.5 m	23.9 m	32.4 m	3.3 m	5.3 m
	BDI-M-CARITAS	Caritas Burundi	1.3 m	4.6 m	5.9 m		
Cameroon (TB/HIV)	CMR-H-MOH	Ministry of Health	7.3 m	83.0 m	90.3 m	0.6 m	11.1 m
	CMR-T-MOH	Ministry of Health.	1.4 m	5.6 m	7.0 m		

Chad (TB/HIV)	TCD-T-FOSAP	International Rescue Committee	0.2 m	5.1 m	5.3 m	0.7 m	NIL
	TCD-H-FOSAP	Centre de support en Santé internationale	8.3 m	29.4 m	37.7 m		
Cote d'Ivoire (TB)	CIV-T-MOH	Ministry of Health	4.9 m	6.5 m	11.4 m	NIL	NIL
	CIV-T-ACI	National Alliance for AIDS Control	0.7 m	3.7 m	4.4 m		
Kosovo (TB)	QNA-T-CDF	Community Development Fund	0.3 m	2.2 m	2.5 m	NIL	NIL
Malawi (TB/HIV)	MWI-C-AA	Action Aid	25.9 m	3.4 m	29.3 m	37.2 m	NIL
Mali (TB/HIV)	MLI-T-CRS	CRS Mali	2.9 m	5.7 m	8.6 m	NIL	NIL
Mali (malaria)	MLI-M-PSI	PSI Mai	20.6 m	39.9 m	60.5 m	1.2 m	17.9 m
Nicaragua (malaria)	NIC-M-REDNICA	NicaSalud Network Federation	NIL	10.1 m	10.1 m	NIL	NIL
Niger (TB)	NER-T-SCF	Save the Children	11.4 m	19.8 m	31.2 m	NIL	NIL
TOTALS			133.2 m	280.3 m	413.5 m	43.9 m	35.1 m

The grants to Cameroon, Chad, Cote d'Ivoire, Kosovo, and Mali were in euros which were converted to dollars at the rate of 1.0897.

Burundi

Burundi faces a generalized HIV epidemic with a prevalence rate of 1.4% among adults and a concentrated epidemic among key populations. The TB/HIV program aims to reduce HIV infections by 50% by 2017 (compared to 2014); to decrease HIV prevalence among 15-24-year-olds from 0.5% in 2014 to 0.25% in 2017; among sex workers from 21% in 2013 to 19% in 2017; and among men who have sex with men from 4.8% in 2013 to 3.8% in 2017.

Among the activities included in the program are training sessions for miners, prisoners, Batwa community leaders and refugee leaders to promote access to HIV and TB services, and to increase awareness of gender-based violence. The Batwa are an indigenous people.

According to the GAC, the program's approach to integrating TB and HIV services will serve as a capacity building exercise for the national disease programs and will help Burundi move towards sustainability. The GAC said that political unrest in the country will make it challenging to strengthen civil society and maintain the components of the program, and that the Secretariat will need to remain "operationally flexible" as the situation develops.

With respect to malaria, the GAC noted that the entire population of of 10 million is at risk of malaria transmission.

Assessments conducted during grant-making revealed weaknesses in financial management, planning and administration of both principal recipients, the Programme National Intégré de Lutte contre le Paludisme, and Caritas Burundi. In addition, because of the political unrest, Secretariat staff are currently unable to visit the country. As a result, the following risk mitigation measures have been agreed:

- the formation or strengthening of program management units within each PR;
- the installation of a fiscal agent in the offices of both PRs;
- having procurement done through the Fund's pooled procurement mechanism;
- the provision of technical assistance to the national malaria program to build implementation capacity during the first year of the program;
- increasing storage at the central medical store;
- and expanding the use of the logistics management information system.

Program activities include having the two PRs collaborate on the messaging for, and the execution of, the 2017 mass distribution campaign of long-lasting insecticidal nets. In addition:

- LLINs will be distributed among special groups in 2016, such as residents of boarding schools,

- orphanages, university dormitories, police and military camps, convents, hospitals and prisons;
- Prevention and treatment activities, including integrated community case management, will be implemented through community health workers; and
- Batwa community leaders will be trained on malaria prevention and treatment.

Cameroon

Cameroon faces a generalized HIV epidemic, with a prevalence rate 4.8% among 15-49 year-olds, and with higher rates among key populations, including sex workers, men who have sex with men, people in prisons, refugees, and young women.

Two of the goals of the program are to significantly improve the management of MDR-TB patients; and to significantly improve collaboration in the management of TB/HIV coinfection.

Funding was approved for a TB grant and an HIV grant with the Ministry of Health as PR. The GAC said that an additional grant with a civil society PR, focused on HIV prevention, will be recommended for funding once grant negotiations are completed. A condition of the grants to the MOH PRs requires that an operational plan and budget for the roll-out of an integrated community strategy be worked on collaboratively by the PRs.

Other countries

Here is some information on some of the other grants approved for funding:

Chad (TB/HIV). The GAC noted that while Chad has committed to invest \$1.7 million for TB and \$13.1 million for HIV over the life of the approved grants, the security and socio-economic challenges, including the decline in oil prices, and Chad's involvement in the fight against Boko Haram in the region have had an impact on how much the state has been able to invest in the health sectors and will likely continue to do so throughout the implementation period. The GAC also said that the number of staff receiving salary incentives will decrease for TB but increase for HIV. However, the HIV grant includes a condition that a transition plan be developed that will result in Global Fund contributions to salary incentives decreasing over time. Finally, the GAC said that there was an opportunity during this implementation period to building a strong relationship with the country coordinating mechanism, with the support of partners. The GAC did not explain what the problem was with the current relationship. We assume that the GAC was referring to the relationship between the CCM and the PRs.

Cote d'Ivoire (HIV). The activities for this program include testing services for people in prisons. Also, during grant-making, activities and a budget were added to provide interventions targeting people who inject drugs. According to the GAC, the Côte d'Ivoire national TB program is currently being investigated by the Office of the Inspector General because TB medicines were found on sale on street markets. The GAC report lists several actions that will be implemented as a result of the preliminary findings of the investigation. GFO will report on these actions when the final report on the investigation is released.

Malawi (TB/HIV). The PR for the grant for which funding was approved is Action Aid. Another grant covering health sector interventions, with the MOH as PR, was approved in October 2015. The Action AID grants focuses on community-based interventions and community systems strengthening. During grant-making, savings of \$9 million were found. This money will be used to fund additional prevention activities for adolescent woman and girls. The detailed targets and outcomes for the prevention package targeting adolescent woman and girls will be developed in consultation with stakeholders and technical partners through the Implementing Through Partnership initiative between January and June 2016 (with implementation to follow).

Mali (malaria and TB/HIV). For the malaria grant, the activities include a significant scale-up of integrated community case management. The GAC noted that a limited number of performance-based incentives are included in the malaria grant but that the budget was reduced by 25 percent for the second and third years of the grant. The government has been asked to prepare a transition plan that will allow the government to take over the payment of incentives beyond 2018. With respect to TB/HIV, Mali submitted an integrated TB/HIV concept note and has planned for an integrated implementation. A grant covering health sector interventions, with the UNDP as PR, was approved in December. The grant that was just approved is a complementary grant with Catholic Relief Services for the TB component. In addition, an HIV grant with a civil society PR will be reviewed by the GAC at a future meeting.

Niger (TB). Because of the volatile security environment, a fiscal agent has been installed and a zero-cash

policy has been implemented. Domestic financial commitments amount to \$3.9 million, which represents 16% of total resources available for the next implementation period. According to the GAC, over the lifetime of the grant, a gradual and well-planned phase-out of Global Fund-supported incentives for government staff involved in this grant's implementation will occur. The goal is to reduce Fund support to 80% in 2017 and 60% in 2018. In addition, the PR will submit a capacity-building plan for the national TB program, which will include linking the payment of incentives to performance.

Regional grant

This grant emanates from a concept note submitted by REDLACTRANS, a regional organization. The PR is the International Organization for Migration. The strategic focus of the program is to cover gaps in regional and country-level activities in order to reduce human rights barriers and enhance the impact of current HIV national responses towards transgender people in the LAC. In this region, transgender people are disproportionately affected by HIV/AIDS with a prevalence rate between 26% and 35%, and a life expectancy between 35.5 and 41.3 years, with HIV/AIDS as the main cause of death.

The REDLACTRANS HIV program aims to promote a positive legal environment with respect to the human rights of transgender people in Latin American and the Caribbean, to contribute to better access to comprehensive healthcare and the HIV/AIDS response. The countries included in the grant are Argentina, Belize, Bolivia, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, and Uruguay.

Reinvested savings

The Board also approved:

- an increase of \$9.1 million in the budget for two TB grants in Bangladesh that were approved in January 2015. The additional amount is within the allocation and represents undisbursed amounts and unused cash funds from Round 10 grants; and
- an increase of \$1.3 million in the budget of two HIV grants in Thailand that were approved in December 2014. The additional amount is within the allocation and represents an unspent cash balance from two closed grants. The GAC said that the savings will be invested in strengthening civil society in anticipation of Thailand's transition from Global Fund support (see separate [article](#) on the transition).

Information for this article comes from the January 2017 report of the Secretariat's Grant Approvals Committee to the Board (GF-B34-ER05). This document is not available on the Fund's website.

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