



Independent observer  
of the Global Fund

## Renewal Funding Approved for 15 Grants

The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria has approved funding in the amount of up to \$295.6 million for 15 applicants submitting requests for continued funding. See the table for details.

In approving the funding, the Board was acting on recommendations from the Technical Review Panel (TRP) and the Secretariat, including the Grant Approvals Committee (GAC). The largest awards went to Mozambique (\$95.7 million for two HIV grants) and Cambodia (\$57.7 million for an HIV grant).

Table: Funding Awards for Grant Renewals, July 2013

Country	Component	Grant Number	Ceiling (\$US million)
Belarus	TB	BLR-S10-GO4-T	\$8.1
Cambodia	HIV	CAM-H-NCHADS	\$57.7
Central African Rep.	Malaria	CAF-810-G08-M	\$15.4
Ecuador	HIV	ECU-910-GO7-H	\$13.8
Guinea	TB	GIN-T-MHSP	\$4.3
Guyana	Malaria	GYA-M-MOH	\$0.4
Honduras	HIV	HND-H-CHF	\$6.3
	TB	HND-T-UECFSS	\$2.4
Indonesia	TB	IND-T-MOH	\$29.7
	TB	IND-809-G10-T	\$6.6
Lao PDR	TB	LAO-T-GFMOH	\$7.5

Mali	HIV	MAL-809-G07-H	\$21.1
Mongolia	TB	MON-T-MOH	\$7.0
Mozambique	HIV	MOZ-911-G09-H	\$20.1
	HIV	MOZ-911-G10-H	\$75.6
Sao Tome & Principe	Malaria	STP-M-UNDP	\$4.8
Senegal	TB	SNG-T-PLAN	\$6.1
	TB	SNG-T-PNT	\$5.4
Sri Lanka	HSS	SRL-911-G15-S	\$3.3
TOTAL			\$295.6

All of the amounts shown in the table are ceilings; the amounts finally committed could be less.

(Note that the amounts shown in the table represent incremental funding for the grants. The total budgets for the next implementation period will usually be higher than what is shown because they include unspent funds from the last implementation period.)

The breakdown of funding by disease is as follows: HIV \$194.6 million (66%), TB \$77.1 million (26%), malaria \$20.6 million (7%) and health systems strengthening \$3.3 million (1%).

Three of the 10 applicants – Belarus, Indonesia and Mozambique – were also awarded funding as interim applicants under the new funding model (NFM). (See separate [GFO article](#).)

The Global Fund has adopted a new, simplified process for reviewing relatively small funding requests for well performing grants. Under the simplified process, funding recommendations are made by the Secretariat and endorsed by the GAC, usually without review by the TRP or the GAC. Generally speaking, requests under \$10 million will go through the simplified process. But that figure is just a guide. Some requests of \$10 million or more will go through the simplified process if they are mostly a continuation of existing services to avoid a disruption. In addition, some requests under \$10 million will still trigger a GAC review – for example, when a grant has historically had implementation challenges.

The simplified process was used for all of the components shown in the table where the approved funding was under \$10 million, except for Guinea and Senegal.

For the components approved under the simplified process, the GAC made only brief comments. These comments are summarized below:

**BELARUS (TB grant):** The principal recipient (PR), the United Nations Development Programme (UNDP), will use the \$8.1 million in approved funding (along with \$1 million in NFM funding) to focus on addressing multiple-drug-resistant TB (MDR-TB) and extensively-drug-resistant TB, and strengthening the HIV/TB component.

**GUYANA (malaria grant):** In Phase 2, the PR, the Ministry of Health, will aim to decrease malaria morbidity by 70% (from 24,154 cases in 2012 to 7,246 by 2016) in the four most affected regions of Guyana, which account for 98% of all malaria cases.

**HONDURAS (one HIV and one TB grant):** Phase 2 of the HIV grant, HND-H-CHF, for which the PR is Cooperative Housing Federation, will focus on the most-at-risk populations (MARPS) in the 42 most affected municipalities, reporting 80% of the national cases and mostly located in the northern coast of the country, which is showing a prevalence rate close to 1%. In Phase 2 of the TB grant, HND-T-UECFSS, the PR, the Ministry of Health, will attempt to increase case notification rates amongst new smear positive cases from 25.6 to 37.4 (per 100,000) by 2016 and maintain treatment success rates above 85%.

LAO PDR ( (TB grant): Phase 2 of the grant, for which the PR is the Ministry of Health, will focus on achieving higher impact for critical areas including case notification, increasing the number of patients put on treatment, improving MDR-TB and strengthening collaboration between HIV and TB.

MONGOLIA (TB grant): The focus of Phase 2 of the grant, for which the PR is the Ministry of Health, is on underserved and most-at-risk populations (MARPS). Phase 2 will include high-impact interventions. It will also involve scaling up community-based directly observational therapy, short course (DOTS) by family group practitioners who are providing TB services covering vulnerable groups, such as prisoners and homeless people.

SAO TOME & PRINCIPE (malaria grant): The main focus of Phase 2 of the grant, for which the PR is UNDP, will be on malaria prevention, involving an all-region indoor residual spraying campaign.

The GAC provided more extensive comments for Guinea and Senegal, and for the applicants awarded larger amounts of funding – Cambodia, Central African Republic, Ecuador, Indonesia, Mali and Mozambique. GFO will provide details in separate articles.

Information for this article was taken from Board Decision GF-B29-EDP3 and from B29-ER-02, the Report of Secretariat Funding Recommendations for July 2013. These documents are not available on the Global Fund website.

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