



Independent observer  
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## Scale-Up of Treatment and Prevention Planned for Phase 2 of Mozambique HIV Grants

Phase 2 of two HIV grants in Mozambique will see a significant scale-up of both treatment and prevention. However the scale-up will be phased in because of concerns about weaknesses in the health systems and challenges experienced in implementing Phase 1.

As reported in previous GFO articles [here](#) and [here](#), Mozambique was awarded both (a) renewal funding; and (b) interim applicant funding under the new funding model (NFM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria. See the table for details.

Table: Interim applicant and renewal funding awards for Mozambique HIV grants

Grant Number	Approved funding ceilings (\$ million)	
	Renewals	Interim applicant
MOZ-911-G09-H	\$20.1	\$9.7
MOZ-911-G10-H	\$75.6	\$128.3
TOTAL	\$95.7	\$138.0

The Mozambican CCM submitted just one request for funding covering both renewals and the interim applicant funds available under the NFM. The NFM funding will be folded into the two existing HIV grants.

Phase 2 will see a significant scale-up of activities related to the provision of HIV testing and treatment. The number of adults on antiretrovirals (ART) is expected to increase from 287,687 to 520,076 by 2015. Over the same period, the number of children on ART is expected to increase from 25,891 to 90,087. The number of treatment sites will expand from 316 to 707.

Prevention activities will also be significantly scaled up. They will include voluntary medical male circumcision; corresponding community outreach activities; and focused behaviour change communication (BCC) activities for young women and girls in communities, as well as for most-at-risk populations (sex workers, truck drivers and migrant workers).

The Grant Approvals Committee (GAC) said that the plans for Phase 2 will be supported by activities to strengthen human resources, infrastructure, procurement and supply management, financial management and M&E. Funding for these activities will come for Mozambique's Round 8 HSS grant, and from other donors and technical partners.

The GAC labelled the Phase 2 plans as "ambitious." The Technical Review Panel (TRP) said that the plan was technically sound and strategically focused. However, the TRP expressed concerns about the feasibility of the scale-up because of existing health systems weaknesses and programmatic challenges during Phase 1.

The TRP recommended that the CCM and the Secretariat consider a phased approach to the scale-up to ensure that weaknesses of the health system are addressed and service delivery targets are increased. The TRP said that it is important to maintain and improve the quality of current interventions while scaling up. The TRP recommended that there be an annual check-in on progress in scaling up and that there be an ability to implement adjustments as required. The GAC endorsed the TRP's recommendations.

The GAC noted that the Secretariat is moving away from the approach of using conditions in grant agreements as a way to manage issues. The idea is to manage these issues during grant-making instead of during grant implementation, whenever it is feasible to do so.

Information for this article was taken from Board Decisions GF-B29-EDP3 and GF-B29-EDP4, and from B29-ER-02, the Report of Secretariat Funding Recommendations for May 2013. These documents are not available on the Global Fund website.

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