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OPPORTUNITY TO REPROGRAMME GRANTS TO IMPROVE PMTCT TREATMENT

The Global Fund Secretariat is working with 20 countries in sub-Saharan Africa to assess the possibility of reprogramming existing Global Fund grants to allow for a switch from the use of single dose nevirapine to more effective dual or triple ARV therapy for the prevention of mother-to-child transmission (PMTCT).

The countries are Angola, Botswana, Burundi, Cameroon, Côte d'Ivoire, the Democratic Republic of Congo (DRC), Ethiopia, Ghana, Kenya, Lesotho, Mozambique, Malawi, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. (Other countries may be added later; a similar initiative is already underway in India.)

There are several factors that have to be considered to determine whether reprogramming is feasible. These include the ability to free up some money in other parts of the grant budgets (e.g., if a particular area is under spent), and whether there already is a PMTCT-related service delivery area (SDA) in the existing programmes.

Opportunities to reprogramme a grant could theoretically come any time, but they are usually linked to milestones in grant implementation – e.g., the signing of a new grant, Phase 2 renewal, and consolidation to a single stream of funding.

The Secretariat is preparing a guidance sheet on this topic. The guidance sheet will include a list of preferred indicators for PMTCT, which will help ensure some consistency across programmes. UNAIDS, UNICEF and WHO are assisting the 20 countries to develop a reprogramming request, and to choose the right strategies for improving the quality and the scale of their PMTCT programmes.

This initiative stems from a decision by the Global Fund Board at its 19th meeting in May 2009, in which the Board requested the Secretariat to "conduct a review of the portfolio to identify paediatric HIV high burden countries with low PMTCT and paediatric HIV care, support, and treatment coverage rates and prepare options to use available mechanisms to accelerate transitions to more efficacious ARV regimens for effective PMTCT strategies…." In the same decision, the Board also urges CCMs and Principal Recipients to consider reprogramming existing grants accordingly.

This is part of a broader strategy on "re-defining the PMTCT service delivery area." The Secretariat will work with technical partners to develop a comprehensive PMTCT package; and will work with the Technical Review Panel (TRP) to translate this package into minimum standards for the review of new proposals, starting with Round 10. The strategy also calls for the development of an advocacy plan to mobilise CCMs, governments, NGOs and others to prioritise optimal PMTCT delivery.

This article is based on information obtained from the Global Fund Secretariat, and on the contents of a slide presentation on "Switching from Monotherapy and Scaling Up Combination Treatment for PMTCT – Presentation to Regional and Technical Teams." The presentation, which was given in Lilongwe, Malawi in December 2009, is available at www.theglobalfund.org/en/regionalmeetings/sa/malawi2009 (click on "PMTCT"). The Board decision cited in this article is part of a broader decision entitled "Enhancing the Global Fund's Response to HIV/AIDS." The text of this decision is available at www.theglobalfund.org/en/board/decisions (look for "19th meeting").

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