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## Funding Approved for Three Interim Applicants and One Renewal

The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria has approved funding in the amount of up to \$8.9 million for three interim applicants in the transition phase of the new funding model (NFM). One applicant was awarded funding for two components. See the table for details.

Table: Interim Funding Awards for August 2013

Country	Component	Grant Number	Ceiling (\$US million)
Philippines	HIV	PHL-607-G08-H	\$3.8
Solomon Islands	TB	SLB-810-G01-T	\$0.2
Zambia	Malaria	ZAM-708-G19-M	\$2.0
	TB	ZAM-711-G26-T	\$3.0
TOTAL			\$8.9

Note: Total is slightly off due to rounding.

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

The Board also approved incremental funding of up to \$6.0 million for the renewal of an HIV grant to Malaysia. In approving the interim and renewal funding, the Board was acting on recommendations from the Secretariat and the Grant Approvals Committee (GAC).

This brings to 18 the number of interim applicants for which funding has been awarded. When the NFM was launched on 28 February, the Global Fund said that 48 interim applicants had been invited to apply.

More approvals are expected in the coming months.

Both the interim and renewal funding were approved under the Global Fund's new simplified process whereby recommendations for small funding requests for well performing grants are made by the Secretariat and endorsed by the GAC, usually without review by the TRP or the GAC.

In the balance of this article, we present a summary of the comments of the Secretariat for each of the funding requests plus, for Malaysia, comments from stakeholders.

### Philippines

The \$3.8 million in interim funding will be added to an existing HIV grant, PHL-607-G08-H, bringing the total for this grant to \$21.8 million. The grant will be extended for an additional seven months until 30 June 2015.

The Philippines was one of nine countries worldwide where HIV infection rose by greater than 25% between 2001 and 2011, with a shift from heterosexual to male-to-male transmission since 2005. The interim funding is intended to close some gaps in the programme by scaling up prevention coverage and improving the effectiveness of interventions among men who have sex with men (MSM) and persons who inject drugs (PWID). In addition the funding will be used to lower the number of clients lost between HIV testing and enrolment in antiretroviral treatment. HIV prevention activities will be expanded from six sites to 10.

### Solomon Islands

The \$153,086 in interim funding will be added to an existing TB grant, SLB-810-G01-T, bringing the total for this grant to \$6.9 million. The additional funds will be used to increase coverage for HIV testing among TB patients; to do more diagnostic drug susceptibility testing for multiple-drug-resistant TB (MDR-TB); and to do systematic TB screening among high risk groups (prisoners, children and diabetic patients).

### Zambia (malaria)

The \$2.0 million in interim funding will be added to an existing malaria grant, ZAM-708-G19-M, bringing the total for this grant to \$9.6 million and extending the grant by 18 months to 31 December 2014. A large portion of the additional funding will pay for 4.3 million rapid diagnostic kits, which will significantly reduce the existing gap in Zambia's malaria programme. Some of the funds will be used to monitor adherence to treatment, and monitor stock levels at health facility and community levels.

### Zambia (TB)

The \$3.0 million in interim funding will be added to an existing TB grant, ZAM-711-G26-T, bringing the total of this grant to \$16.2 million. The grant has received funding under the Transitional Funding Mechanism, mainly for the provision of first- and second-line anti-TB drugs. The new funding will be used primarily to: (a) strengthen diagnostic capacity; (b) enhance community systems through training of 100 community-based treatment support workers in high burden TB/HIV provinces; (c) support decentralised programme management for ten provincial TB/HIV supervisors; and (d) provide support to health facilities.

### Malaysia

The \$6.0 million in incremental funding is for the next implementation period of an existing HIV grant, MYS-H-MAC. The focus will be on MSM, PWID and sex workers.

Although the prevalence of HIV among MSM is estimated at 12.6%, there were no activities targeting this

population during the last implementation period of this grant because there was a lack of civil society organisations delivering preventive services. Based on guidance from the Secretariat's country team for Malaysia, the CCM proposed a change in implementation strategy to include strengthening HIV prevention programmes among MSM. The starting point will be a mapping exercise to identify entry points for prevention, assess needs to be met by targeted interventions and define appropriate outcome benchmarks. The implementation of those activities may be complicated by the fact that sex between men is illegal in Malaysia.

Targeting MSM became one of the three objectives for the next implementation period of this grant. The other two objectives are: (1) to increase the coverage of a package of services for PWIDs, including expanding coverage of safe injection practices from 83% in 2009 to 95% in 2015; and (2) to increase the coverage of a package of services for sex workers (female, transgender and male).

The representative of the World Health Organization (WHO) in Malaysia, Graham Harrison, explained the rationale for the second and third objectives: "Malaysia has a concentrated epidemic among PWID and there is a growing trend among sex workers. This explains the need to scale up coverage of interventions quickly to contain the epidemic."

Dr Harrison thinks the implementation strategy provides a "reasonable balance," taking into account available resources from the government, the knowledge base of what works in Malaysia for different at-risk groups, and the sustainability of interventions after the Global Fund money will run out.

The WHO and civil society members on the CCM expressed confidence about the implementation of the renewed grant. "Although there was a slow start when the grant was first awarded, implementation issues have been resolved and no significant delays are expected to occur during the renewal phase," said Dr Harrison.

Danisha Monish, from the Drugs Intervention Community Malaysia (KOMITED), is more specific: "We have done a great job (rating B1 so far) for Malaysia. Looking at the proposed activities in the next implementation period, where there will be more focus on quality of services instead of quantity, I believe we can achieve the targets with flying colours. And not only that, I am sure the HIV prevalence in Malaysia will decrease, especially in key affected populations – by, for example, introducing voluntary counselling and testing, and methadone maintenance therapy."

Ms Monish has a suggestion to improve the process. Pointing out that CCM meetings have been held only every six months so far, she said that "they should be held quarterly to ensure a better quality of services and also to identify gaps and challenges and to find solutions."

Information for this article was taken from Board Decisions GF-B29-EDP6 and GF-B29-EDP7, and from B29-ER-04, the Report of Secretariat Funding Recommendations for August 2013. These documents are not available on the Global Fund website. Our regional correspondent for South-East Asia, Kerstin Reisdorf, contributed to this article.

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