



Independent observer  
of the Global Fund

## REPROGRAMMING CAN INCREASE THE IMPACT OF A GRANT

Increased emphasis on male circumcision, preventing mother-to-child transmission of HIV, TB case detection

Several countries that are beneficiaries of Global Fund money have taken advantage of opportunities to reprogramme existing grants. Reprogramming allows countries to make changes to the scope or scale of a grant in order to improve impact or to reflect changes in epidemiology or country priorities. Reprogramming also makes sense when new interventions are being promoted, such as circumcision as a strategy to prevent HIV infection.

The Global Fund has been actively encouraging reprogramming. Opportunities to reprogramme usually come at the time of Phase 2 renewal (or periodic review for single-stream-of-funding grants). However, technically, reprogramming can be done any time within the life of a grant.

### Zimbabwe

Zimbabwe is one of the countries that have recently reprogrammed grants. The reprogramming was done in March 2012 for an HIV grant and a TB grant. Marcela Rojo, a spokesperson for the Global Fund, told GFO that for the HIV grant, approximately \$6 million was redirected to programmes providing drugs to reduce mother-to-child transmission of HIV. The money was taken from two budget items in the existing grant: one for governance and coordination structures for services to orphans and vulnerable children, and the other for mass media activities.

For the TB grant, approximately \$4 million was reallocated to high impact interventions such as improving diagnosis for TB case detection and support for TB/HIV collaborative activities. The money came from reductions in communication activities and savings from other budget lines.

## Zambia

Zambia also embarked on reprogramming specifically in order to redirect Global Fund money to high impact areas. “Upon a close review of Phase 1 investments, the Secretariat was not convinced that the Phase 1 activities in Zambia went to high impact activities against HIV, and initiated an exercise to reallocate funding from low to high-impact programme activities,” Paul McCarrick, the fund portfolio manager for Zambia, told GFO. In the process, programme activities such as prevention of mother-to-child transmission (PMTCT), male circumcision, voluntary counselling and testing and ARV treatment adherence were either strengthened or added.

According to Mr McCarrick, the target for the number of pregnant women assessed for ARV treatment was raised from 4,200 to 5,547; and the target for the number of men to be circumcised went from 4,000 to 15,600. Previously, the grant did not contain activities related to treatment adherence support; after reprogramming, the grant included a target of 4,000 adherence support workers retained.

## Other examples

Although the Global Fund is always promoting reprogramming, in March 2009 it launched a special initiative with UNAIDS, UNICEF and the World Health Organization to support the scale-up of PMTCT programmes. The Fund worked with 20 countries in sub-Saharan Africa to reprogramme Global Fund grants to allow for a switch from the use of single dose nevirapine to the more effective dual or triple ARV therapy for PMTCT. ([See GFO article.](#))

According to the report of the Global Fund Executive Director for the Board meeting in November 2011, by that time nine countries had finished the reprogramming and another four countries were almost finished. The amount of funds that were being redirected in these 13 countries was \$84 million.

Reprogramming can also be done when there are natural disasters. This happened at the time of the tsunami in 2004 that affected several countries in Asia. The Global Fund allowed Indonesia, Sri Lanka, Thailand and India to reallocate resources to regions that were hardest hit, and to shift funds from longer-term malaria interventions to short-term distribution of anti-malaria drugs or bed nets. They were also permitted to reallocate funds to quickly re-establish the infrastructure necessary to sustain TB and HIV treatment.

CCMs and PRs that want to explore the possibility of reprogramming should contact their fund portfolio manager in the Global Fund Secretariat.

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