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## Phase 2 Funding for Namibia Round 2 Malaria RCC Grant Approved

The Global Fund Board has approved Phase 2 funding for a Round 2 malaria rolling continuation channel grant in Namibia. The principal recipient (PR) for this grant is the National Malaria Control Programme (NMCP) in the Ministry of Health and Social Services. In approving the Phase 2 funding, the Board was acting on recommendations from the Grants Renewal Panel in the Secretariat.

The Global Fund Secretariat said that during Phase 1 of this grant, Namibia continued to experience a significant decline in malaria disease burden. Between 2010 and 2011, a decline of 36% in malaria morbidity and 20% in malaria mortality were observed.

The Grant Renewals Panel said that the NMCP is a high performing programme and a good investment and that it has achieved considerable impact. However, it said, Phase 1 of the grant was marked by difficulties mainly resulting from delays in grant signing, unmet conditions and subsequent delays in disbursements. Three-quarters of the way through Phase 1, the expenditure rate (as a proportion of the budget) was only 36%.

The Panel said that the grant's Phase 1 results were lagging behind targets. For example, activities related to prompt and accurate confirmation of diagnosis and correct treatment of confirmed malaria cases achieved only 67% of the target. In addition, the scaling up and strengthening of the epidemiological surveillance activities did not take place as planned due to a delay in the recruitment of surveillance officers.

The Panel expressed concern that the Phase 1 results might limit the country's ability to sustain gains in Phase 2.

In response to the changes in malaria epidemiology, in Phase 2 Namibia is re-focusing its malaria control

activities to transition the programme to a pre-elimination phase, as recommended by the World Health Organisation.

Phase 2 will primarily target most-at-risk populations. Specifically, activities will focus on mobile populations and those living in border areas, particularly along the borders with Angola and Zambia. Using community-based interventions, the programme will also target people in some sparsely settled and remote rural northern areas where over 60% of the population has poor access to health services.

The Grant Renewals Panel acknowledged the recent historical difficulties faced by the Namibia programme, and recommended that the Country Team work closely with the PR to maintain a good working relationship in order to further improve grant management and enhance risk mitigation.

The NMCP plans to conduct a mid-term review of its programme by the end of 2013, and to develop a revised version of the National Malaria Strategic Plan. The Global Fund recommended that at that time, the PR be asked to present a revised performance framework for the grant that is aligned to the new strategic plan.

Information for this article was taken from Board Decision B28-EDP-14 and from B28-ER-11, the Report of Secretariat Funding Recommendations for February. These documents are not available on the Global Fund website.

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