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Global Fund awards \$253.8 million in renewal funding

The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria has approved continued funding of up to \$253.8 million for 13 applicants in a decision announced on 23 December.

In approving the funding, the Board was acting on recommendations from the Technical Review Panel (TRP) and the Secretariat, including the Grant Approvals Committee (GAC). The largest award went to Kenya (\$79.7 million for two malaria grants). See the table for a full breakdown.

Table: Funding Awards for Grant Renewals, from GAC Report GF-B30-ER2

Country	Component	Grant Number	Ceiling (\$US million)
Colombia	TB	COL-011-G05-T	1.
		COL-011-G06-T	2.
Guatemala	Malaria	GUA-M-MSPAS	10.
Kazakhstan	HIV	KAZ-H-RAC	7.
Kenya	Malaria	KEN-011-G13-M	69.
		KEN-011-G14-M	10.
MC: MENAHRA	HIV	MMM-011-G01-H	4.
Peru	HIV	PER-011-G08-H	5.
Sao Tome & P.	HIV	STP-011-G05-H	1.
Sierra Leone	Malaria	SLE-M-CRSSL	8.
		SLE-M-MOHS	20.
Somalia	TB	SOM-T-WV	36.
Tanzania	HIV	TNZ-405-G06-H	28.

Viet Nam	HSS	VTN-O11-G10-S	36.
Yemen	TB	YEM-911-G07-T	4.
Zimbabwe	Malaria	ZIM-M-UNDP	7.
TOTAL			\$253.

These amounts are ceilings and represent incremental funding for the grants; final commitments could be less. Total budgets may be higher than shown as they include unspent funds from the last implementation period.

Below is a summary of GAC remarks for Colombia, Kazakhstan, MENAHRA, Peru, Sao Tome & Principe, and Zimbabwe. See Article 8 for a summary of the separate articles on the renewal funding decisions for Guatemala, Kenya, Sierra Leone, Somalia, Tanzania, Viet Nam and Yemen.

Colombia (TB)

The \$3.9 million in incremental funding approved for Phase 2 of two TB grants to Colombia will be used to help the grant achieve: (a) increased detection and treatment success; (b) stronger coordination between TB and HIV services; and (c) improved management of multiple drug-resistant TB. In Phase 2, the focus will be on municipalities with the highest TB incidence. The principal recipients (PRs) for the grants are the national funding for development projects, FONADE, and the International Organization for Migration, Colombia.

Kazakhstan (HIV)

The \$7.3 million in incremental funding for the next implementation period of this single stream-of-funding HIV grant to Kazakhstan will be used by the PR, the Republican AIDS Centre in the Ministry of Health, primarily to maintain opioid substitution therapy (OST) in sites where it is already being provided. Expansion of OST across the civil service and introducing into prisons is also forecast under the grant. The GAC said that through various activities, including advocacy, the Global Fund will work with local authorities, the country coordinating mechanism and partners “to ensure the sustainability of the HIV programme in the country after the Global Fund programme ends.”

MC: MENAHRA (HIV)

This regional HIV grant is implemented by MENAHRA, a regional network that supports, develops, and advocates for harm reduction approaches for persons who inject drugs in the Middle East and North Africa. The \$4.3 million in incremental funding for Phase 2 of the grant will be used primarily for (a) behaviour change communication and advocacy; (b) community systems strengthening; (c) M&E; (d) operational research; and (e) delivery of harm reduction services. Phase 2 activities will include working with partners to develop population size estimates for countries that have outdated or no data; and implementing outreach programming including OST for people who inject drugs in countries where there are limited or no harm reduction services.

Peru (HIV)

The \$5.5 million in incremental funding for Phase 2 of this HIV grant to Peru will be used by the PR, the International Planned Parenthood Federation’s Peruvian branch (INPPARES), to intensify efforts to ensure prevention and care for transgendered persons and men who have sex with men (MSM;) and to assist the transgender and MSM communities to implement a joint strategy for the promotion of human rights.

Sao Tome & Principe (HIV)

The United Nations Development Programme is the PR on this \$1 million Phase 2 HIV grant to help Sao Tome & Principe significantly reduce the sexual transmission of HIV infection; reduce morbidity, mortality and improve the quality of life of HIV-positive patients, their partners and families, and HIV orphans; and eliminate mother-to-child HIV transmission. Some of the funding for Phase 2 will be used to increase the institutional capacity of the national AIDS programme, the ministry of health and civil society organisations.

Zimbabwe (Malaria)

The \$7.1 million in incremental funding for the next implementation period of this single stream-of-funding malaria grant to Zimbabwe will be used by UNDP (the PR) to continue Zimbabwe's work to scale up the provision of long-lasting insecticide-treated nets (LLINs). The GAC said that due to resource constraints, the national malaria control programme had previously focused its efforts to achieve universal coverage of LLINs in 34 high-transmission districts. The programme's ultimate goal is to expand universal coverage to a total of 47 high-transmission districts and to promote consistent high use of LLINs, which could support a shift to malaria pre-elimination in large parts of the country.

The grant underwent an accelerated renewal process – the first implementation period was reduced from 33 months to 21 months – in order to obtain the extra resources for LLINs. The grant is currently rated A1.

Information for this article was taken from Board Decision GF-B30-EDP3 and from B30-ER2, the Report of Secretariat Funding Recommendations. These documents are not available on the Global Fund website.

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